

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00515

170c

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? Dead on Arrival

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarrollCity or town Taneytown  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)2. (a) If veteran, name war. None

## 3. (a) FULL NAME

MABEL W. BELL

## 3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single married, widowed, or divorced D

6. (b) Name of husband or wife Albert P. Bell6. (c) If alive, give age 31 years7. Birth date of deceased (mo., day, yr.) October 23, 1916

8. AGE: Years 30 Months 2 Days 19 If less than one day  
 hrs. min.

9. Birthplace Carroll County Maryland  
(Town, county, and state)10. Usual occupation Laborer11. Industry or business Blue Ridge Rubber Company12. Name William M. Vaughn13. Birthplace Maryland14. Maiden name Carrie J. Wantz15. Birthplace Maryland16. Informant William M. VaughnAddress Taneytown, Maryland17. Burial Date thereof 1/14/47  
(Burial, cremation, or removal. Which) (month) (day) (year)Cemetery or crematory Lutheran CemeteryLocation Taneytown, Maryland18. Funeral director C. O. Fuss and SonAddress Taneytown, Maryland19. 13-Jan-47 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 11 January 19 47 at 8:30(?) P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from never 19    to 19   and that I last saw him live on 11 January 19 47Immediate cause of death FRACTURED SKULL DURATION 30 MIN.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ACCIDENT Date of 11 JAN '47Where did injury occur? NE UNION BRIDGE FREDERICK Md.  
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) STATE HIGHWAYMeans of injury AUTO ACCIDENT Injured at work? No23. SIGNATURE Charles H. Conley, Jr. M.D.  
Dep. Med. Examiner or otherAddress FREDERICK, Md. Date signed 12 JAN '47

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JAN 14 1947

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MARYLAND STATE DEPARTMENT OF HEALTH 159  
**CERTIFICATE OF STILLBIRTH**

Reg. Dist. No. 131

A certificate must be filed within 24 hours for every stillbirth of 20 weeks' gestation or more (see stub)

## 1. PLACE OF BIRTH:

County Frederick  
 City or town Frederick - Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street address, hospital, or institution:  
Emergency Hospital  
 Length of mother's stay in County 29  
 (How many years, or months, or days. SPECIFY WHICH)

## 2. USUAL RESIDENCE OF MOTHER:

State Maryland  
 County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 45-8 W. 12th St.  
 (If RURAL give LOCATION)

3. Name of child Baby Boy Bowie  
 5. Sex Male 6. Twin or triplet

4. Date of birth January 15 1947 Hour 6:45 AM.  
 7. No. of weeks pregnancy 22

## FATHER OF CHILD

8. Full name Spencer Bowie  
 9. Color Colored 10. Age at time of this birth 33 yrs.  
 11. Usual occupation Laborer

## MOTHER OF CHILD

12. Full maiden name Marian Brown  
 13. Color Colored 14. Age at time of this birth 29 yrs.  
 15. Usual occupation Housewife

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? 6  
 (b) How many other children were born alive but are now dead? 1 (c) How many other children were born dead? 1

17. Did child die before labor? no During labor? no

18. Pregnancy, complications of none

19. Labor: (a) Complications of none  
 (b) Induced? no

20. (a) Was there an operation for delivery? no  
 (b) State all operations, if any (Yes or No)

(c) Did child die before operation?  
 During operation?

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.

(a) Fetal causes Prematurity

(b) Maternal causes unknown

22. I certify to the birth of this child who was born alive on the date and hour above stated.

Signature B. O. Thomas Jr. M.D.  
 (Specify if M. D., midwife, or other)

Address Frederick, Md.

23. (a) Burial (b) Date thereof Jan 17-1947  
 (Burial, cremation or removal) (month) (day) (year)  
 (c) Cemetery or crematory Monte Carmel

24. (a) Funeral director E. C. Trout Sr.  
 (b) Address Monte Carmel, Fred. Co. Md.

25. (a) Jan 1947 (b) Elizabeth G. Hock  
 (Date rec'd by registrar) (Registrar)

26. (To be filled out if no physician was present at delivery.)  
 The above certificate has been examined by me.

Health Officer, per

\* See Instruction C on stub.

Child lived 15 minutes

OK - Birth cert. filed

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

102

00516

## CERTIFICATE OF DEATH

Reg. Dist. No. 147

## 1. PLACE OF DEATH:

County... Frederick  
 City or town... Harrisville  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?... 5 years  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State... Maryland County... Frederick  
 City or town... Harrisville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Rural - Mt. Airy  
 (If rural, give LOCATION)  
 2(a) If veteran, name war.....

## 3. (a) FULL NAME

EMMA C. BRASHEARS

## 3. (b) Social Security Number

4. Sex... Female 5. Color or race... White 6. (a) Single, married, widowed, or divorced... Widowed  
 6. (b) Name of husband or wife... Francis Brashears  
deceased 6. (c) If alive, give age... years  
 7. Birth date of deceased (mo., day, yr.)... Sept. 27, 1855  
 8. AGE: Years... 91 Months... 3 Days... 8 If less than one day... hrs. ... min.

9. Birthplace... Carroll Co. - Maryland  
 (Town, county, and state)

10. Usual occupation... None

11. Industry or business

FATHER 12. Name... John Lowman

13. Birthplace... Maryland

MOTHER 14. Maiden name... Sydney Gosnell

15. Birthplace... Maryland

16. Informant... Mr. Quincy Brashears

Address... Mt. Airy, Md

17. Burial, cremation, or removal (Which?)... Burial Date thereof... 1-8-47  
 (month) (day) (year)

Cemetery or crematory... Prospect

Location... Mt. Airy, Frederick Co. Md

18. Funeral director... E. M. Wertz

Address... Winfield Md

19. Jan. 7 1947... Blaise A. Ruchler  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH... 5 January 1947, at 8:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
never 19... 10... 19...  
 and that I last saw her dead on 6 January 1947  
live on

Immediate cause of death... Senility  
 (Possible coronary occlusion)

Due to... Hypertension

Due to... 15 yrs.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... Charles H. Colley, M.D.  
Deputy Health Examiner M. D. or other  
 Address... Frederick Md Date signed... 6 Jan 1947

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 1390

### 1. PLACE OF DEATH:

County Frederick  
City or town State Sanatorium, Maryland  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Since 6/5/46  
Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
How long in hospital or institution? Since 6/5/46

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery  
City or town Kensington  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 15 Fawcett St.  
(If rural, give LOCATION)  
2.(a) If veteran, name war. ☒

### 3. (a) FULL NAME

George P. Burton

### 3. (b) Social Security Number

577-03-5762

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Lillian Burton  
6. (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) December 9, 1902

8. AGE: Years 44 Months 0 Days 29 If less than one day  
..... hrs. .... min.

9. Birthplace Washington, D. C.  
(Town, county, and state)

10. Usual occupation Automobile mechanic

11. Industry or business

FATHER 12. Name George J. Burton  
13. Birthplace England

MOTHER 14. Maiden name Martha R. Wilson  
15. Birthplace Scotland

16. Informant Deceased  
Address

17. Burial Date thereof 1/10/47  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Rockville Union Cemetery  
Location Rockville, Md.

18. Funeral director Wm. Reuben Pumphrey  
Address 7557 Wisconsin Ave., Bethesda, Md.

19. 1/8/47 19. J. D. Lyon  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH January 7 19 47 at 11:50 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 5 19 46 to Jan. 7 19 47  
and that I last saw him alive on January 7 19 47

Immediate cause of death Pulmonary Tuberculosis DURATION 13 Mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. L. Beebe M. D. XXXX

Address State Sanatorium, Md. Date signed 1/8/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

52a

Reg. Dist. No.

00518310

## 1. PLACE OF DEATH:

County..... **Frederick**  
 City or town..... **Frederick**  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... **Lifetime**  
 Hospital, institution, or street address where death occurred:  
**Frederick City Hospital**  
 How long in hospital or institution?..... **6 weeks**

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State..... **Maryland** County..... **Frederick**  
 City or town..... **Frederick**  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No..... **116 West Third Street**  
 (If rural, give LOCATION)  
**World War I**  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

**LESLIE N. COBLENTZ**

## 3. (b) Social Security Number

**None**

4. Sex..... **Male** 5. Color or race..... **White** 6. (a) Single, married, widowed, or divorced..... **Married**  
 6.(b) Name of husband or wife..... **Mary Helen Wyand**  
 6.(c) If alive, give age..... **48** years  
 7. Birth date of deceased (mo., day, yr.)..... **September 15, 1895**  
 8. AGE: Years..... **51** Months..... **2** Days..... **15** If less than one day..... hrs. .... min.

9. Birthplace..... **Frederick County Maryland**  
 (Town, county, and state)  
 10. Usual occupation..... **Lawyer**  
 11. Industry or business.....  
 12. Name..... **Calvin R. Coblentz**  
 13. Birthplace..... **Frederick County Md.**  
 14. Maiden name..... **Lizzie L. Brandenburg**  
 15. Birthplace..... **Frederick County Md.**

16. Informant..... **Mrs. Leslie N. Coblentz**  
 Address..... **Frederick, Maryland**

17. **Burial** Date thereof..... **Jan. 7-1947**  
 (Burial, cremation, or removal, which?)..... (month) (day) (year)  
 Cemetery or crematory..... **Christ Reformed Cemetery**  
 Location..... **Middletown, Maryland**

18. Funeral director..... **C.E. Cline and Son**  
 Address..... **Frederick, Maryland**

19. **6 Jan** 19 **47** **Elizabeth G. Heck**  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... **January 4th.** 19 **47** at **4:30a.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **July 1** 19 **46** to **Jan. 4** 19 **47**  
 and that I last saw him alive on **Jan. 4** 19 **47**  
 Immediate cause of death.....

**Caecum of Rt. Kidney** DURATION **6 mo.**  
 Due to.....

Due to.....  
 Other conditions..... **Renal Calculi**  
**Duodenal Ulcer** - 1946  
 (Include pregnancy within 8 months of death)

Major findings of operations..... **Case of Rt. Kidney**  
**Cystitis** Date of op. **Aug. 1, '46**  
 Autopsy results..... **none**  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accidental, suicide, or homicide..... Date of.....  
 Where did injury occur?..... (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?).....  
 Means of injury..... Injured at work?

23. SIGNATURE..... **A. A. O'Carroll, M.D.** M. D. or other  
 Address..... **Frederick, Md.** Date signed **1/6/47**

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

83a

Reg. Dist. No.

00511310

## 1. PLACE OF DEATH:

County..... Frederick  
 City or town..... Adamstown- (rural)  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... 40 years  
 Hospital, institution, or street address where death occurred:  
 .....  
 How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State..... Maryland County..... Frederick  
 City or town..... Adamstown- (rural)  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war..... None

## 3. (a) FULL NAME

CHARLES ELMER COMPHER

## 3. (b) Social Security Number

None

4. Sex..... Male  
 5. Color or race..... White  
 6.(a) Single, married, widowed, or divorced..... Widowed  
 6.(b) Name of husband or wife..... Grace Michael Compher  
 6.(c) If alive, give age..... years  
 7. Birth date of deceased (mo., day, yr.)..... June 7- 1876  
 8. AGE: Years..... 70 Months..... 7 Days..... 7  
 If less than one day..... hrs. .... min.

9. Birthplace..... Lovettsville, Virginia  
 (Town, county, and state)  
 10. Usual occupation..... Railway Mail Clerk  
 11. Industry or business.....

FATHER  
 12. Name..... Townsend Compher  
 13. Birthplace..... Loudon County- Virginia  
 MOTHER  
 14. Maiden name..... Sallie E. Bowers  
 15. Birthplace..... Loudon County- Virginia

16. Informant..... Mrs. R. Monroe Thomas  
 Address..... Adamstown- Maryland

17. Burial..... Date thereof..... Jan. 17-1947  
 (Burial, cremation, or removal- Where?) (month) (day) (year)

Cemetery or crematory..... Mount Olivet Cemetery  
 Location..... Frederick, Maryland

18. Funeral director..... C.E. Cline and Son  
 Address..... Frederick, Maryland

19. 16 Jan 1947 Elizabeth G. Heck Registrar  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... January 14 1947 at 10:15 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 13th, 1946 to Jan. 14th, 1947 and that I last saw him alive on January 14th, 1947

Immediate cause of death..... Cerebral hemorrhage  
 Initial accident occurred in.....  
 Due to..... April, 1938.

Due to..... Marked arteriosclerosis ?

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury..... Injured at work?

23. SIGNATURE..... M. D. or D.D.

Address..... Frederick, Maryland Date signed..... 1/16/47

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JAN 17 1947  
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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

00520

## 1. PLACE OF DEATH

County FrederickVillage or City Frederick City Hospital

No.

Registration Dist. No. 1316

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

Sumnerfield Gordon(a) Residence: No. Woodbine

(Usual place of abode)

St.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)widower5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofSusanna Gordon

6. DATE OF BIRTH (month, day, and year)

March 25-1854

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.92101

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.Salver9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)Carroll Co. Md.

FATHER

13. NAME

Upton Gordon14. BIRTHPLACE (city or town)  
(State or country)Maryland

MOTHER

15. MAIDEN NAME

Susanna Shipley16. BIRTHPLACE (city or town)  
(State or country)Maryland17. INFORMANT  
(Address)Mr. Beys Gordon  
Woodbine - Md.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Paul's R. L. Cem. Date Jan 29, 194719. UNDERTAKER  
(Address)C. M. Walt  
Winfield Md.20. FILED 28 Jan, 1947Elizabeth L. Heck  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Jan  
(Month)26  
(Day)1947  
(Year)

I HEREBY CERTIFY, That I attended deceased from

Jan 1, 1947, to Jan 26, 1947I last saw him alive on Jan 26, 1947; death is saidto have occurred on the date stated above, at 44 m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Date of onset

Pulmonary Embolism

Other Contributory Causes of Importance:

Fracture of FemurName of operation none

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? none Date of Injury Jan 1, 1947Where did injury occur? Home Fall  
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury Pulmonary EmbolismNature of injury Fall

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

E. P. Thomas M. D.  
Frederick Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
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Example II

The principal cause of death and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00521

Reg. Dist. No. 139

### 1. PLACE OF DEATH:

County Frederick  
City or town State Sanatorium, Maryland  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Since 5/3/46  
Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
How long in hospital or institution? Since 5/3/46

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Allegheny  
City or town Cumberland  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 515 Fort Ave.  
(If rural, give LOCATION)  
2. (a) If veteran, name war

### 3. (a) FULL NAME

Edna Hymes Corrick

### 3. (b) Social Security Number

215-20-5725

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Separated

6. (b) Name of husband XXX Forrest Corrick  
6. (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) April 25, 1910

8. AGE: Years 36 Months 8 Days 23 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Chaneyville, Pennsylvania  
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name George Hymes  
13. Birthplace Maryland

MOTHER 14. Maiden name Nancy Hymes  
15. Birthplace Flintstone, Md.

16. Informant Mrs. Mae Greene (Sister)  
Address 16 Walnut St., Ridgely, W. Va.

17. Removal (Burial, cremation, or removal. Which?) Date thereof Jan. 18, 1947  
(month) (day) (year)

Cemetery or crematory \_\_\_\_\_  
Location Cumberland, Md.

18. Funeral director M. L. Creager & Son  
Address Thurmont, Maryland

19. 1/17/47 (Date rec'd by registrar) Registrar J. B. Lynn

### MEDICAL CERTIFICATION

20. DATE OF DEATH January 17 19 47 at 11:20 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 3 19 46 to Jan. 17 19 47  
and that I last saw her alive on January 17 19 47

Immediate cause of death Pulmonary Tuberculosis DURATION 18 Mos.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Manner of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE P. W. Ballin M. D. XXXX

Address State Sanatorium, Md. Date signed 1/18/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The completed certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 20 1947

BUREAU

1-35



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00522

Reg. Dist. No. 1390

## 1. PLACE OF DEATH:

County Frederick  
 City or town State Sanatorium, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Since 5/13/45  
 Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
 How long in hospital or institution? Since 5/13/45

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County .....  
 City or town Baltimore  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 3433 Woodstock Ave.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war .....

## 3. (a) FULL NAME

Mary Margaret Crane

## 3. (b) Social Security Number

212-01-0172

4. Sex Female 5. Color or race White 6. (a) Single, married, or divorced Married  
 6. (b) Name of husband xxx Andrew F. Crane, Jr.  
 6. (c) If alive, give age 37 years  
 7. Birth date of deceased (mo., day, yr.) May 6, 1912  
 8. AGE: Years 34 Months 8 Days 21 If less than one day ..... hrs. .... min.

9. Birthplace Washington, D.C.  
 (Town, county, and state)  
 10. Usual occupation Housewife  
 11. Industry or business .....

FATHER 12. Name Thomas F. Erdman, Sr.  
 13. Birthplace Baltimore, Md.  
 MOTHER 14. Maiden name Mary A. Norton  
 15. Birthplace Baltimore, Md.

16. Informant Deceased  
 Address .....

17. Burial Date thereof Jan 30, 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Lawson Park Cemetery  
 Location Baltimore, Md.

18. Funeral director M. L. Creager & Son  
 Address Thurmont, Maryland

19. Jan. 28 47  
 (Date rec'd by registrar) Registrar J. B. Lynn

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 27 to 47 at 5:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
May 13 to 45 to Jan. 27 to 47  
 and that I last saw him or alive on January 27 to 47

Immediate cause of death ..... DURATION  
Pulmonary Tuberculosis 2 Yrs.  
8 Mos.

Due to .....  
 Due to .....  
 Other conditions .....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE R. B. Sallis M. D. xxxAddress State Sanatorium, Md. Date signed 1/28/47

RECEIVED

JAN 30 1947

BUREAU

1-35-

1-35-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00523

Reg. Dist. No. 1398

## 1. PLACE OF DEATH:

County Frederick  
 City or town State Sanatorium, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since 12/6/46

Hospital, institution, or street address where death occurred:

Maryland Tuberculosis Sanatorium  
Since 12/6/46

How long in hospital or institution? Since 12/6/46

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Rockville  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 709 W. Montgomery Ave.  
 (If rural, give LOCATION)

2.(a) If veteran, name war. ☒

## 3. (a) FULL NAME

Harry E. Crown

## 3. (b) Social Security Number

None

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Single

## 6. (b) Name of husband or wife

6. (c) If alive, give age. \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) 1/23/1884

## 8. AGE:

Years 62Months 11Days 12

If less than one day

\_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Montgomery County, Md.  
 (Town, county, and state)

## 10. Usual occupation

None

## 11. Industry or business

FATHER

## 12. Name

Henry Crown

## 13. Birthplace

Montgomery County, Md.

MOTHER

## 14. Maiden name

Annie A. Stevens

## 15. Birthplace

Prince George County, Md.

## 16. Informant

Deceased

## Address

17. Burial Date thereof Jan. 7, 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

## Cemetery or crematory

Barnstow Cem.

## Location

Barnstow, Montg. Co. Md.

## 18. Funeral director

Roy W. Barber

## Address

Laytonsville, Md.

19. 1/8/47  
 (Date rec'd by registrar)

Registrar J. B. Lynn

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 4 1947 at 12:40 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

December 6 1946 to Jan. 4 1947

and that I last saw him alive on January 4 1947

Immediate cause of death

Carcinoma of Right Lung

DURATION

7 Mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. B. LynnM. D. 1947

Address State Sanatorium, Md. Date signed 1/8/47

RECEIVED

JAN 7 1947

BUREAU 18

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00524

Reg. Dist. No. 1310

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? ..  
 Hospital, institution, or street address where death occurred:  
Frederick City Hospital  
 How long in hospital or institution? One week.

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Thurmont  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. East Main St.  
 (If rural, give LOCATION)  
No

2.(a) If veteran, name war

## 3. (a) FULL NAME

Rev. Warren K. Damuth

## 3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) March 28, 1873 6.(c) If alive, give age .. years

8. AGE: Years 73 Months 9 Days 21 If less than one day .. hrs. .. min.

9. Birthplace Thurmont, Frederick Co., Md.  
 (Town, county, and state)

10. Usual occupation Minister

11. Industry or business

12. Name Charles A. Damuth13. Birthplace Thurmont, Frederick Co., Md.14. Maiden name Henrietta Root15. Birthplace Thurmont, Fred'k Co., Md.16. Informant Howard R. DamuthAddress Thurmont, Md.17. Burial Date thereof Jan. 23, 1947

(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory United BrethernLocation Thurmont, Md.18. Funeral director M. L. Creager & SonAddress Thurmont, Md.19. 21-Jan 47 Elizabeth G Heck

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 19 19 47 at 6 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 17 19 47 to Jan. 19 19 47and that I last saw him alive on Jan. 19 19 47

Immediate cause of death

Acute Coronary Thrombosis

Due to

Arteriosclerosis

Due to

Chronic Myocarditis

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations None

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE A. A. Pearce M.D.Address Frederick, Md. Date signed 1/19/47

1947

RECEIVED

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RECEIVED

*Revised*

ARTERIAL LEADER

RECEIVED

RECEIVED  
JAN 23 1947  
BUREAU 8

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## I. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 9 Months  
 Hospital, institution, or street address where death occurred:  
256 Carroll Parkway  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 256 Carroll Parkway  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war None

## 3. (a) FULL NAME

JAMES CLAY DARNER

## 3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife Ada Smith  
 6. (c) If alive, give age 84 years

7. Birth date of deceased (mo., day, yr.) June 5, 1860

8. AGE: Years 86 Months 11 Days 2 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Nr. Jefferson-Frederick-Maryland  
 (Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Henry Darner  
 13. Birthplace Frederick County Maryland

14. Maiden name Mary Edmunds  
 15. Birthplace Frederick County Maryland

16. Informant Mrs. Noah S. Jenkins  
 Address 256 Carroll Parkway, Frederick, Md.

17. Burial 1/10/47  
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Reformed Cemetery  
 Location Middletown, Maryland

18. Funeral director M. R. Etchison and Son  
 Address Frederick, Maryland

19. 9 Jan 19 47 Elizabeth G. Heck  
 (Date signed by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 7th 19 47 at 2:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that he died from  
Nov 3 19 46 to Jan 7 19 47  
 and that I last saw him alive on Jan 6 19 47

Immediate cause of death Pulmonary edema  
Myocardial failure

Due to Acute Bronchitis DURATION 1 Day

Due to and Coronary Sclerosis 5 Days

Other conditions Smoking 1 mo  
 (Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE A. Sachs M. D.  
 M. D. or other \_\_\_\_\_  
 Address Jefferson, Maryland Date signed 1-8-47





1-35



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

93d

00526

Reg. Dist. No. 1310

## 1. PLACE OF DEATH:

County FrederickCity or town Adams town  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 25 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Adams town  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Ellen Day

## 3. (b) Social Security Number

none4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife \_\_\_\_\_

7. Birth date of

deceased (mo., day, yr.)

September 22 - 1883

6. (c) If alive, give age \_\_\_\_\_ years

8. AGE:

Years

Months

Days

If less than one day

6345

\_\_\_\_\_ hrs.

\_\_\_\_\_ min.

9. Birthplace Lichsville - Frederick - Maryland  
(Town, county, and state)10. Usual occupation at home

11. Industry or business \_\_\_\_\_

FATHER

12. Name James D. Day13. Birthplace Frederick Co. Maryland

MOTHER

14. Maiden name Laura Spalding15. Birthplace Frederick Co. Maryland16. Informant M. Robert J. DayAddress Adams town, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Jan 29 - 1947

(month) (day) (year)

Cemetery or crematory Int. Olivet Cem.Location Frederick - Maryland18. Funeral director M. P. Etchison & SonAddress Frederick - Maryland19. 28 - Jan

(Date rec'd by registrar)

19. 47Elizabeth H. Heck

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 26 January 1947, at 9:30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 1935 to 26 January 1947and that I last saw him alive on 26 January 1947

Immediate cause of death

Cerebral hemorrhage

DURATION

3 hrs.Due to Hypertension12 yrs.Due to Arterio-sclerotic Cardio-vascular disease15 yrs (?)

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_

Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_

Injured at work? \_\_\_\_\_

23. SIGNATURE Charles K. Criley, Jr. M.D.

or other \_\_\_\_\_

Address Frederick, MdDate signed 28 Jan '47

RECEIVED

JAN 29 1947

BUREAU OF

1-35

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B&A)

## CERTIFICATE OF DEATH

00527

Reg. Dist. No. 131

### 1. PLACE OF DEATH:

County Frederick  
City or town Walkersville  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 30 yrs.  
Hospital, institution, or street address where death occurred: -  
How long in hospital or institution? -

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State md. County Frederick  
City or town Walkersville  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. -  
(If rural, give LOCATION)  
2.(a) If veteran, name war -

### 3. (a) FULL NAME

Myrtle J. Devilbiss

### 3. (b) Social Security Number

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced Single

B.(b) Name of husband or wife -

7. Birth date of deceased (mo., day, yr.) November 25, 1867 B.(c) If alive, give age - years

8. AGE: Years 79 Months 1 Days 13 If less than one day - hrs. - min.

9. Birthplace Creagerstown district, Fred. Co.  
(Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business -

12. Name Joseph Devilbiss

13. Birthplace Fred. Co.

14. Maiden name Annie E. Kolb

15. Birthplace Fred. Co.

16. Informant Mrs. E. Seachrist

Address Walkersville

17. Burial Date thereof Jan. 11, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Creagerstown Lutheran

Location Creagerstown

18. Funeral director J. C. Barton

Address Walkersville

19. 10 Jan 19 47 Elizabeth B. Heck  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 8 19 47 at 2 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 4 19 46 to Jan 8 19 47  
and that I last saw him alive on Jan 8 19 47

Immediate cause of death Fractured femur  
Hypertension Cardio Vascular  
Due to and disease

Due to Accidental fall - fell out of bed

Other conditions Swollen

(Include pregnancy within 8 months of death)

Major findings of operations -

Autopsy results -  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide Accident Date of November 15, 1946

Where did injury occur? Walkersville Frederick Maryland  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -

Means of injury fell out of bed Injured at work? -

23. SIGNATURE C. E. Carter Day M. D. or other

Address Walkersville Md Date signed Jan 9 47

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11-231

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE OF MASSACHUSETTS

DEPT. OF HEALTH

REGISTERED MEDICAL EXAMINER

RECEIVED  
JAN 11 1947  
BUREAU 8

1-25

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 1310

## 1. PLACE OF DEATH:

County Frederick  
 City or town Myersville (Rural) She Devil  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Lifetime  
 Hospital, institution, or street address where death occurred:  
Montevue  
 How long in hospital or institution? 4 weeks

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Myersville (Rural)  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3.(a) FULL NAME

FRED DEUSING

## 3.(b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced \_\_\_\_\_  
 6.(b) Name of husband or wife \_\_\_\_\_  
 6.(c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) November 8, 1859  
 8. AGE: Years 87 Months 2 Days 17 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Myersville, Frederick Co., Md.  
 (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

FATHER 12. Name Don't know

13. Birthplace \_\_\_\_\_

MOTHER 14. Maiden name Don't know

15. Birthplace \_\_\_\_\_

16. Informant Records at Montevue

Address Frederick, Maryland

17. Burial Date thereof Jan. 27, 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Montevue Cemetery

Location Frederick, Maryland

18. Funeral director C. E. Cline & Son

Address Frederick, Maryland

19. 27 Jan 19 47 Elizabeth G. Heck  
 (Date rec'd by registrar) (month) (day) (year) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 25 19 47 at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1 19 47 to Jan 25 19 47 and that I last saw him alive on Jan 25 19 47

Immediate cause of death Cerebral hemorrhage

## DURATION

1 hour

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

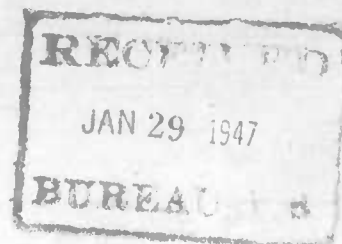
Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Manner of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Bernard Thomas M. D. or other \_\_\_\_\_

Address Frederick, Md. Date signed Jan. 27, 47



1-35



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 1380

## 1. PLACE OF DEATH:

County FredrickCity or town New London  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 10 mo

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County FredrickCity or town New London  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Clara J. Dorsey

## 3. (b) Social Security Number

4. Sex Female 5. Color or race Colored 6. (c) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) Mar 20 - 19468. AGE: Years 10 Months 4 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace New London Fredrick Md  
(Town, county, and state)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Robert Dorsey13. Birthplace MD14. Maiden name Carrie Loud15. Birthplace MD16. Informant Robert Dorsey (Father)Address 1st City RFD MD17. Burial Date thereof Jan 26 - 46  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Dorsey's Chapel CamLocation New London MD18. Funeral director W. E. FalconerAddress New Market MD19. Jan 25 19 46 Lucian K. Falconer  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 24 19 47, at 57

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 15 19 46, to Jan 24 19 47and that I last saw him alive on Jan 21 19 47Immediate cause of death Typhoid meningitis DURATION May 15 19 46

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Hydrocephalus 7 mo

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Ernest P. Roop, MDAddress New Market MD M. D. or other 1-26-47

Date signed \_\_\_\_\_

MARGIN RESERVED FOR BINDING

VS A15 9-45-13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 7 1947

BUREAU T. E.

2-35



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 1310

## 1. PLACE OF DEATH:

County... FrederickCity or town... Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

## 3. (a) FULL NAME

Mr. Oliver Etchinson

4. Sex

M white

5. Color or race

6. (d) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Annie Etchinson

7. Birth date of deceased (mo., day, yr.)

Oct. 20, 18768. (c) If alive, give age 68 years

8. AGE:

Years 70 Months 2 Days 28 If less than one day  
.....hrs. ....min.

9. Birthplace

Baltimore  
(Town, county, and state)

10. Usual occupation

Labor

11. Industry or business

John W. Etchinson

12. Name

13. Birthplace Mt. Airy14. Maiden name Fannie Wood15. Birthplace Mt. Airy16. Informant Mrs. Annie EtchinsonAddress Mt. Airy Md.17. Burial Date thereof Jan. 19, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematorium Piney GroveLocation Mt. Airy18. Funeral director H. M. SnyderAddress Mt. Airy - Maryland19. 18 Jan 19 47 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County CarrollCity or town Mt. Airy  
(If outside city or town limits, write RURAL and give nearest town)Street No. ....  
(If rural, give LOCATION)2. (a) If veteran, name war ✓

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 17 19 47 at 7:25 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 26 19 46 to Jan 17 19 47and that I last saw him alive on Jan 17 19 47Immediate cause of death Acute Coronary Thrombosis

DURATION

1 day

Due to .....

Due to ArteriosclerosisOther conditions Brach. Pneumonia

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op. ....

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. .... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. A. Pearse, M.D.Address Frederick, Md. Date signed 1/17/47

UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

IN THE CITY OF NEW YORK

DECEASED

DATE OF DEATH

PLACE OF DEATH

RECEIVED  
JAN 21 1947  
BUREAU 76

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## MARYLAND STATE DEPARTMENT OF HEALTH x

2411 N. Charles St., Baltimore

468

00531

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 4 months  
 Hospital, institution, or street address where death occurred:  
518 Culler Avenue  
 How long in hospital or institution? .....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 518 Culler Avenue  
 (If rural, give LOCATION)  
None  
 2. (a) If veteran, name war .....

## 3. (a) FULL NAME

NORA VIRGINIA FOGLE

## 3. (b) Social Security Number

None

4. Sex F	5. Color or race W	6. (a) Single, married, widowed, or divorced W
-------------	-----------------------	---

6. (b) Name of husband or wife George W. Fogle  
 6. (c) If alive, give age .....

7. Birth date of deceased (mo., day, yr.) October 11, 1869

8. AGE:	Years	Months	Days	If less than one day
	77	2	28	..... hrs. .... min.

9. Birthplace Smithburg-Washington-Maryland  
 (Town, county, and state)

10. Usual occupation At Home

## 11. Industry or business

FATHER	12. Name <u>George Hildebrand</u>
	13. Birthplace <u>Washington County Maryland</u>
MOTHER	14. Maiden name <u>Margaret Goodman</u>
	15. Birthplace <u>Washington County Maryland</u>

16. Informant Mrs. Philip Lomes  
 Address 518 Culler Ave., Frederick, Md.

17. Burial Union Chapel Cemetery  
 (Burial, cremation, or removal. Which?) 1/11/47  
 (month) (day) (year)  
 Cemetery or crematory Near Libertytown, Maryland  
 Location M. R. Etchison and Son

18. Funeral director Frederick, Maryland  
 Address .....

19. Jan 19 47 Elizabeth G. Hech.  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 9, 19 47 7:30A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 1 19 47 to Jan 9 19 47  
 and that I last saw him alive on January 8 19 47

Immediate cause of death .....

DURATION

Carcinoma Stomach c  
 Due to metastases

Due to .....

Other conditions .....

(Include pregnancy within 8 months of death)

Major findings of operations .....

Date of op. ....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide .....

Where did injury occur? .....

Injured at home, farm, industry, public place (where?) .....

Means of injury .....

Injured at work? .....

23. SIGNATURE Howard W. Calk M. D.  
 M. D. or other .....

Address Frederick, Maryland Date signed 1-9-47

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 11 - 1947

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1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 139 0

## 1. PLACE OF DEATH:

County Frederick  
 City or town State Sanatorium, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Since 5/23/45  
 Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
 How long in hospital or institution? Since 5/23/45

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 21 E. Church St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Mary A. Freeman3. (b) Social Security Number  
None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed  
 6. (b) Name of husband or wife.....  
 6. (c) If alive, give age..... years  
 7. Birth date of deceased (mo., day, yr.) June 6, 1873  
 8. AGE:      Year      Month      Day      If less than one day  
               73        7        23        .....hrs. ....min.

9. Birthplace Prince George County, Md.  
(Town, county, and state)

10. Usual occupation.....

None

11. Industry or business

FATHER 12. Name William R. Baker  
 13. Birthplace Montgomery County, Md.

MOTHER 14. Maiden name Charlotte Wheat  
 15. Birthplace Baltimore, Md.

16. Informant Deceased

Address

17. Burial Date thereof Feb. 1, 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory St. Johns Cemetery  
 Location Baltimore, Md.

18. Funeral director M. R. Etchison & Son

Address

Frederick, Maryland19. Jan. 30 19 47  
(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 29 19 47 at 9:15P M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
May 23 19 45, to Jan. 29 19 47  
 and that I last saw him/her alive on January 29 19 47

Immediate cause of death..... DURATION  
Pulmonary Tuberculosis 2 Yrs,  
8 mos.

Due to.....

Due to.....

Other conditions Probable intra-abdominal carcinoma 1 Yr.  
 (Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Cause of injury

Injured at work?

23. SIGNATURE.....

M. D. xxxxAddress State Sanatorium, Md. Date signed 1/30/47

RECEIVED  
JAN 31 1947  
BUREAU

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

00533

## 1. PLACE OF DEATH:

County Frederick  
 City or town State Sanatorium, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Since 12/14/46  
 Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
 How long in hospital or institution? Since 12/14/46

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County   
 City or town Baltimore  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 1112 West 40th St.  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war

## 3. (a) FULL NAME

William F. French

## 3. (b) Social Security Number

None

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married6. (b) Name of ~~husband~~ wifeJessie French

## 7. Birth date of deceased (mo., day, yr.)

November 27, 18906. (c) If alive, give age 49 years

## 8. AGE:

Years 56Months 1Days 18

If less than one day

..... hrs. .... min.

## 9. Birthplace

Baltimore, Maryland  
(Town, county, and state)

## 10. Usual occupation

Mechanic

## 11. Industry or business

FATHER  
MOTHER

## 12. Name

George French

## 13. Birthplace

Baltimore, Maryland

## 14. Maiden name

Rosie Chaffman

## 15. Birthplace

Baltimore, Maryland

## 16. Informant

Deceased

## Address

17. Burial

(Burial, cremation, or removal. Which?)

## Date thereof

Jan. 17, 1947  
(month) (day) (year)

## Cemetery or crematory

St. Mary's Cem.

## Location

Hampden Baltimore City, Md.

## 18. Funeral director

M. L. Creager & Sons

## Address

Thurmont, Md.19. Jan. 14

(Date rec'd by registrar)

19 47Registrar J. B. Lyon

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 14 19 47 at 10 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
December 14 19 46 to Jan. 14 19 47  
 and that I last saw him alive on January 14 19 47

## Immediate cause of death

Pulmonary Tuberculosis

## DURATION

13 Mos.

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

## 23. SIGNATURE

R. W. BacciniM. D. certifiedAddress State Sanatorium, Md. Date signed 1/14/47



RECEIVED

JAN 16 1947

BUREAU

1-35



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 930

## CERTIFICATE OF DEATH

01033

Reg. Dist. No. 1570

## 1. PLACE OF DEATH:

County Frederick  
 City or town Rural, nr. Libertytown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 30 yrs.  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md. County Frederick  
 City or town Rural, nr. Libertytown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Ernest W. Garber

## 3. (b) Social Security Number

4. Sex m 5. Color or race W 6.(a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband or wife Mary A. Garber  
 6.(c) If alive, give age 62 years  
 7. Birth date of deceased (mo., day, yr.) March 10, 1882  
 8. AGE: Years 64 Months 10 Days 15 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Frederick Co.  
 (Town, county, and state)  
 10. Usual occupation Farming  
 11. Industry or business \_\_\_\_\_  
 FATHER  
 12. Name Winfield Scott Garber  
 13. Birthplace Frederick Co.  
 MOTHER  
 14. Maiden name Katherine Long  
 15. Birthplace Frederick Co.  
 16. Informant Mrs. Mary A. Garber  
 Address Libertytown  
 17. Burial Date of death Jan. 28, 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Union Chapel  
 Location nr. Libertytown  
S.E. Barton  
 18. Funeral director  
 Address Walkersville, md.  
 19. 1-2 49 Frederick  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION 1947

2D. DATE OF DEATH Jan 25 19 47 at 9:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 15 19 47 to Jan 25 19 47  
 and that I last saw him alive on Jan 25 19 47

Immediate cause of death

DURATION

Chronic Myocarditis  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

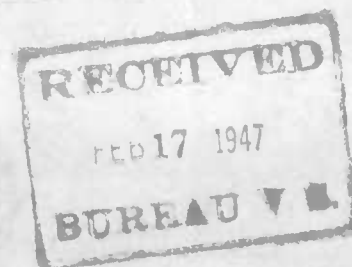
Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE

M. D. or other

Address Frederick Date signed Jan 26



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 1310

## 1. PLACE OF DEATH.

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 80 years  
 Hospital, institution, or street address where death occurred:  
14 Wisner St  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State MD County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 14 Wisner St  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war none

## 3. (a) FULL NAME

Wm L. Gilbert

## 3. (b) Social Security Number

none

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed  
 6. (b) Name of husband or wife Kate Gilbert  
 (dead) 6. (c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) Mar. 19 1865  
 8. AGE: Years 81 Months 10 Days 8 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Frederick, Frederick, Md  
 (Town, county, and state)  
 10. Usual occupation retired operator of cut off saw  
 11. Industry or business Or Fiber Brush factory  
 12. Name John A. Gilbert  
 13. Birthplace unknown  
 14. Maiden name Sarah B. (unknown)  
 15. Birthplace unknown

16. Informant Mrs. Lillian Barker  
 Address Frederick, Md  
 17. Burial Date thereof 1/29/47  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Mt. Olivet  
 Location Frederick, Md  
 18. Funeral director Harry E. Canty Co  
 Address Frederick, Md.  
 19. 28 Jan 1947  
 (Date rec'd by registrar) Registrar Elizabeth G. Hock

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 27 1947 at 6:20 P.M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 25 1947 to Jan 27 1947  
 and that I last saw him alive on Jan 27 1947  
 Immediate cause of death Cerebral thrombosis DURATION 3 days  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE R. Thomas M. D. or other  
 Address Frederick, Md Date signed 1/28/47

RECEIVED

JAN 29 1947

BUREAU

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00535

Reg. Dist. No. 139

1. PLACE OF DEATH: **Frederick**  
 County.....  
 City or town..... **State Sanatorium, Maryland**  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? **Since 4/13/44**  
 Hospital, institution, or street address where death occurred:  
**Maryland Tuberculosis Sanatorium**  
 How long in hospital or institution? **Since 4/13/44**

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State..... **Maryland** County..... **Balto.**  
 City or town..... **Baltimore**  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. **2707 Sparrows Point Rd.**  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

3. (a) FULL NAME  
**Philip Gregory**

3. (b) Social Security Number  
**218-10-7323**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, married, widowed, or divorced **Widower**  
 6. (b) Name of husband or wife.....  
 7. Birth date of deceased (mo., day, yr.) **March 15, 1893** B. (c) If alive, give age..... years  
 8. AGE: Years **53** Months **10** Days **7** If less than one day..... hrs. .... min.

9. Birthplace..... **Turkey**  
 (Town, county, and state)  
 10. Usual occupation..... **Dish washer**  
 11. Industry or business.....  
 12. Name..... **Pete Gregory**  
 13. Birthplace..... **Turkey**  
 14. Maiden name..... **Mary ?**  
 15. Birthplace..... **Turkey**  
 16. Informant..... **Deceased**

Address.....  
 17. **Burial** Date thereof..... **Feb 3, 1947**  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory..... **Mountains Cemetery**  
 Location..... **Frederick Co. Md.**  
 18. Funeral director..... **M. L. Creager & Son**  
 Address..... **Thurmont, Maryland**  
 19. **Jan. 24** 19 **47** **J. N. Lynn**  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... **January 22** 19 **47**, at **11:45** P  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
**April 13** 19 **44**, to **Jan. 22** 19 **47**  
 and that I last saw him alive on **January 22** 19 **47**

Immediate cause of death.....  
**Pulmonary Tuberculosis** DURATION **28 Mos.**  
 Due to.....  
 Due to.....  
 Other conditions.....  
 (Include pregnancy within 3 months of death)

Major findings of operations.....  
 Date of op.....  
 Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of.....  
 Where did injury occur?.....  
 (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?).....  
 Means of injury..... Injured at work?

23. SIGNATURE..... **R. W. Brown** M. D. **1/23/47**  
 Address..... **State Sanatorium, Md.** Date signed.....

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JAN 25 1947

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00536

Reg. Dist. No. 145

1. PLACE OF DEATH: *Frederick*  
 County.....  
 City or town.....  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?.....  
 Hospital, institution, or street address where death occurred:  
 .....  
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State.....*Maryland* County.....*Frederick*  
 City or town.....*Myersville*  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

3. (a) FULL NAME

*Russell H. Grossnickel*

3. (b) Social Security Number

*214-01-1772*

4. Sex.....*Male* 5. Color or race.....*White* 6.(a) Single, married, widowed, or divorced.....*Single*  
 8. AGE: Years.....*55* Months.....*7* Days.....*10* If less than one day.....  
 7. Birth date of deceased (mo., day, yr.).....*June 13, 1891* 6.(c) If alive, give age..... years

9. Birthplace.....*Myersville, Frederick, Md*  
 (Town, county, and state)

10. Usual occupation.....*Retired*11. Industry or business.....*Printer*12. Name.....*Delphina F. Grossnickel*13. Birthplace.....*Myersville, Md*14. Maiden name.....*Salome G. Grossnickel*15. Birthplace.....*Md. Myersville, Md.*16. Informant.....*Mrs. Russell Shank*Address.....*Myersville, Md.*17. (Burial, cremation, or removal, Which?).....*Buried* Date thereof.....*Jan 26, 1947*

(month) (day) (year)

Cemetery or crematory.....*Grossnickel's*Location.....*Md. Myersville, Md.*18. Funeral director.....*Paul F. Bittle*Address.....*Myersville, Md.*19. *Jan. 26* Date rec'd by registrar.....*19 47* Registrar.....*Delphina Bittle*

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....*Jan 23* 19.....*47*, at.....*1:30 P.* M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
*Jan 16* 19.....*47*, to.....*Jan 23* 19.....*47*  
 and that I last saw him alive on.....*Jan 22* 19.....*47*

Immediate cause of death.....*Coronary Occlusion* DURATION.....*7 days*  
 Due to.....  
 Due to.....

Other conditions.....  
 (Include pregnancy within 3 months of death)

Major findings of operations.....  
 Date of op.....

Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;  
 Accident, suicide, or homicide.....  
 Where did injury occur?.....  
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....  
 Means of injury..... Injured at work?

23. SIGNATURE.....*J E Harp MD*  
 Address.....*Meddletown* Date signed.....*1-24-47*



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JAN 28 1947

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00537

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Crutchley Nursing HomeHow long in hospital or institution? Since December 27, 1946

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Frederick-Rural R. F. D. #4  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Near Feagaville  
 (If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (a) FULL NAME

ANNIE RACHEL HARGETT

## 3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced W

6. (b) Name of husband or wife Samuel L. Hargett

7. Birth date of deceased (mo., day, yr.) September 14, 1855  
 6. (c) If alive, give age..... years

8. AGE: Years 91 Months 3 Days 16 If less than one day  
 ..... hrs. .... min.

9. Birthplace Jefferson-Frederick-Maryland  
 (Town, county, and state)  
At Home

10. Usual occupation.....

11. Industry or business.....

12. Name Lloyd A. Kessler13. Birthplace Frederick County Maryland14. Maiden name Mary Howard15. Birthplace Frederick County Maryland16. Informant Mrs. Leroy C. HorineAddress R. F. D. #4, Frederick, Md.

17. Burial Date thereof 2/1/47  
 (Burial, cremation, or removal, which) (month) (day) (year)

Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland

19. 31-Jan 1947 Elizabeth G. Heck.  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 30, 1947 at 11:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
January 23d, 1947 to Jan. 30th, 1947  
 and that I last saw her alive on January 30th, 1947

Immediate cause of death.....  
Virus pneumonia  
General senile condition  
 Due to.....  
 Due to.....

## DURATION

7 days  
period  
of yrs.

Other conditions.....  
Fracture of humerus and dislo-  
cation due to fall down the steps in  
her home on October 4th, 1946.  
 (Include pregnancy within 3 months of death)

Major findings of operations.....  
 Date of op. ....

Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... M. D.  
C. H. Conley M. D. XXXX  
 Address Frederick, Maryland Date signed 1-31-47

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

180

00538

1310

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County..... FredrickCity or town..... Fredrick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death?..... 1 da.

Hospital, institution, or street address where death occurred:

Fredrick City HospitalHow long in hospital or institution?..... 1 da.

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Fredrick~~City or town~~..... Rural  
(If outside city or town limits, write RURAL and give nearest town)Street No..... From north of Brunsville  
(If rural, give LOCATION)

2. (a) If veteran, name war.....

## 3. (a) FULL NAME

Shirley Ann Hanes

## 3. (b) Social Security Number

## 4. Sex

Female

## 5. Color or race

white

## 6. (a) Single, married, widowed, or divorced

Single

## 6. (b) Name of husband or wife.....

## 7. Birth date of

(mo., day, yr.)

March 28<sup>th</sup> 1945

## 6. (c) If alive, give age..... years

## 8. AGE:

Years

Months

Days

If less than one day

193

hrs.

min.

## 9. Birthplace.....

Virginia  
(Town, county, and state)

## 10. Usual occupation.....

## 11. Industry or business.....

FATHER  
MOTHER

## 12. Name.....

## 13. Birthplace.....

## 14. Maiden name.....

## 15. Birthplace.....

## 16. Informant.....

## Address.....

## 17. (Burial, cremation, or removal, which?)

Burial

## Date thereof.....

Jan. 4, 1947  
(month) (day) (year)

## Cemetery or crematory.....

## Location.....

## 18. Funeral director.....

## Address.....

## 19. I - Jan

(Date read by registrar)

19. 47

Elizabeth V. Hech  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... January 1947, at 12:12 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

never 19..... to 19.....and that I last saw him..... live on..... 1947

## Immediate cause of death.....

Multiple third degree burns of face arms legs & torso

## Due to.....

## Due to.....

## Other conditions.....

(Include pregnancy within 8 months of death)

## Major findings of operations.....

Date of op. ....

## Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Accident Date of 31 Dec. '46Where did injury occur?..... Knoxville Fredrick Ind  
(City or town) (County) (State)Injured at home, farm, industry, public place (where?)..... HomeMeans of injury..... House caught on fire

Injured at work?.....

## 23. SIGNATURE.....

Charles H. Conley, M.D.  
Dep. Med. Examiner M. D. or otherAddress..... Fredrick, Ind Date signed 1 Jan. 47

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JAN 3 1947  
BUREAU OF

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

00539

## CERTIFICATE OF DEATH

Reg. Dist. No. 145

1. PLACE OF DEATH: *Fredrick*  
 County.....  
 City or town..... *Rural Myersville*  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... *Life*  
 Hospital, institution, or street address where death occurred.....

How long in hospital or institution?.....

3. (a) FULL NAME

*Homer Hayes*

3. (b) Social Security Number

4. Sex

*Male*

5. Color or race

*White*

6. (a) Single, married, widowed, or divorced

*Single*

8. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) *Nov 29, 1887*

5. (c) If alive, give age..... years

8. AGE: Years Months Days If less than one day

*59 2 1* hrs. min.9. Birthplace..... *W. Myersville, Fred. Co. Md.*  
(Town, county, and state)10. Usual occupation..... *Retired*11. Industry or business..... *Farm Laborer*12. Name..... *Henry C. Hayes*13. Birthplace..... *Maryland*14. Maiden name..... *Susan Johnson*15. Birthplace..... *Maryland*16. Informant..... *Mrs. Grace Hayes*R.#/ Address..... *Smithsburg, Md.*17. (Burial, cremation, or removal, Which?) Date thereof..... *Burial Oct 3, 1947*Cemetery or crematory..... *Mt. Bethel, E.*Location..... *W. Myersville, Fred. Co.*18. Funeral director..... *Paul J. Bittle*Address..... *Myersville, Md.*19. *Del. 1* 19 *47* *Hoy M. Bittle* Registrar

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... *Maryland* County..... *Fredrick*City or town..... *Rural Myersville*  
(If outside city or town limits, write RURAL and give nearest town)Street No. *5 miles N. of Myersville*

(If rural, give LOCATION)

2. (a) If veteran, name war..... *World War I*

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... *Jan 30* 19 *47*, at *11:30 A.M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

*Jan 28* 19 *47*, to *Jan 30* 19 *47*and that I last saw him alive on *Jan 29* 19 *47*

Immediate cause of death.....

DURATION

*Cerebral Hemorrhage* *3 days*

Due to.....

Due to.....

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

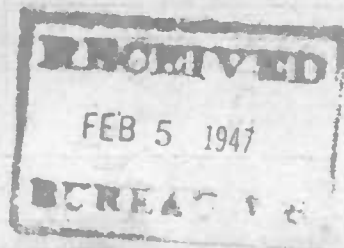
Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE..... *J. E. Hap* M.D. or otherAddress..... *Myersville* Date signed *1-31-47*



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2-1450

1-10



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

00540 316

## 1. PLACE OF DEATH:

County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 69 S. Market St  
(If rural, give LOCATION)

2.(a) If veteran, name war

none

## 3. (a) FULL NAME

Nicholas Joseph

## 3. (b) Social Security Number

none4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) 1890

8. (c) If alive, give age years

8. AGE: Years 56 Months Days If less than one day  
hrs. min.9. Birthplace Russia  
(Town, county, and state)

10. Usual occupation

11. Industry or business Merchant12. Name Joseph Joseph13. Birthplace Russia14. Maiden name Rebecca15. Birthplace Russia16. Informant Nathan JacobsonAddress 69 S. Market St17. Russia Date thereof 1/8/47  
(Burial, cremation, or removal, which) (month) (day) (year)Cemetery or crematorium City of CharmLocation Cardinal's Balto Co18. Funeral director Sal Ferraro BrosAddress 1124 W. North Ave Balto Md19. 8-Jan 1947 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 7 1947 at 9:25 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 1946 to Jan. 7 1947and that I last saw him alive on Jan. 7 1947

Immediate cause of death

Chronic Myocarditis  
Chronic NephritisDue to Deafness Malnutrition

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Howard W. Ash M D M. D. or otherAddress Frederick Md Date signed 1-7-47

MARGIN RESERVED FOR BINDING

VS A15 9-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 8 1947

RECEIVED

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00541

1320

Reg. Dist. No. ~~147~~

## 1. PLACE OF DEATH:

County FredrickCity or town Buckhillsville  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 42

Hospital, institution, or street address where death occurred:

Rural Buckhillsville

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FredrickCity or town Rural Buckhillsville  
(If outside city or town limits, write RURAL and give nearest town)Street No. Mountain Road  
(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (a) FULL NAME

Clarence Norman Karam

## 3. (b) Social Security Number

4. Sex Male5. Color or race White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Sarah Rohrer6. (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.)

19038. AGE: Years 42 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Maryland  
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Harry Karam13. Birthplace Maryland14. Maiden name Edna May Madril15. Birthplace Maryland16. Informant Mr. Harry KaramAddress Buckhillsville Md.17. (Burial, cremation, or removal) Which? Burial Date thereof Jan 25 1947  
(month) (day) (year)Cemetery or crematory Forest ValleyLocation Rural Buckhillsville18. Funeral director CN Forte & BroAddress Brunswick Md.19. Jan 25 1947 Kathryn H. Brown  
(Date rec'd by registrar) RegistrarMaria Gladhill

## MEDICAL CERTIFICATION

20. DATE OF DEATH 21 January 1947 at 11:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

never 19   to 19  and that I last saw him live on 21 January 1947

Immediate cause of death

Gunshot wound, head

DURATION

Instant

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

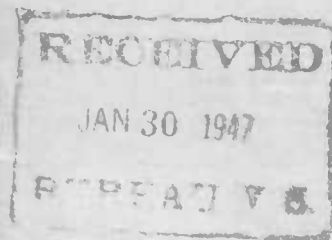
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of 21 Jan '47Where did injury occur? Buckhillsville (City or town) Fredrick (County) Md (State)Injured at home, farm, industry, public place (where?) HomeMeans of injury Shotgun Injured at work? No23. SIGNATURE Charles H. Conley, Jr. M.D.Sup. Med. Examiner M.D. or otherAddress Fredrick Md Date signed 22 Jan 47

*June 25 1844*

*Sat A.P.M.*



*1-23*

*2 - 1/10 - 1-10*

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

00542

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

### 1. PLACE OF DEATH:

County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 1 week  
Hospital, institution, or street address where death occurred:  
Emergency Hospital  
How long in hospital or institution? 1 week

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State md County Frederick  
City or town nr. Walkersville  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. \_\_\_\_\_  
(If rural, give LOCATION)  
2.(a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

Simon E. Keeney

### 3. (b) Social Security Number

4. Sex m 5. Color or race w 6.(a) Single, married, widowed, or divorced widowed

6.(b) Name of husband or wife Clara R. Rice

6.(c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) Oct. 19, 1861

8. AGE: Years 85 Months 4 Days 10 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Fred. Co., nr. Woodsboro  
(Town, county, and state)

10. Usual occupation Farmer laborer

11. Industry or business \_\_\_\_\_

FATHER 12. Name Solomon P. Keeney

13. Birthplace Frederick Co.

MOTHER 14. Maiden name Mary Jane Beard

15. Birthplace Frederick Co.

16. Informant Adam Laurence Keeney

Address Walkersville

17. Burial Burial Date thereof Feb. 1, 1947

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rocky Hill

Location nr. Woodsboro

18. Funeral director G. C. Barton

Address Walkersville

19. 31 Jan 1947 Elizabeth G. Heck

(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 29 1947, at 6:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 14, 1947 to Jan 29, 1947

and that I last saw him alive on Jan 29, 1947

Immediate cause of death Myocardial Infarction DURATION \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Prostatic hypertrophy

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE S. E. Easterday

M. D. or other \_\_\_\_\_

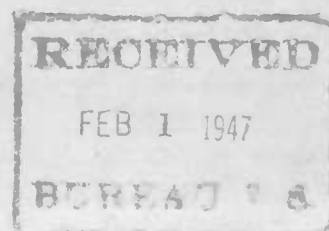
Address Walkersville, Md Date signed 1/31/47

MARGIN RESERVED FOR BINDING

9.45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00543

Reg. Diet. No. 139

## 1. PLACE OF DEATH:

County Frederick  
 City or town State Sanatorium, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Since 9/26/46  
 Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
 How long in hospital or institution? Since 9/26/46

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Prince George  
 City or town Riverdale  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 5319 Taylor Road  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Helen L. Kendall

## 3. (b) Social Security Number

577-32-5695

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Oct. 1, 1927 6.(c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 19 Months 3 Days 19 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Washington, D. C.  
 (Town, county, and state)

10. Usual occupation Telephone Operator

11. Industry or business

12. Name George N. Kendall13. Birthplace Montgomery County, Md.14. Maiden name Lillie M. Reeves15. Birthplace Washington, D. C.16. Informant Mrs. Lillie M. Kendall (Mother)Address 5319 Taylor Rd., Riverdale, Md.

17. Removal Date thereof Jan. 20, 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Evergreen Cem.Location Bladensburg, Md.18. Funeral director Francis BassAddress Balto. Blvd. Hyattsville, Md.19. Jan 20 19 47 Registrar J. D. Lynn

(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 20 19 47 at 10:50 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 26 19 46 to Jan. 20 19 47  
 and that I last saw him alive on \_\_\_\_\_ 19 \_\_\_\_\_

Immediate cause of death Pulmonary Tuberculosis DURATION 14 Mos.

~~Other~~ Tuberculous Laryngitis 14 Mos.

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. G. Baccin M. D. 1946Address State Sanatorium, Md. Date signed 1/20/47



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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

93d

00544

1316



Reg. Diat. No.

### 1. PLACE OF DEATH:

County... Frederick

City or town... Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?... 2 Weeks

Hospital, Institution, or street address where death occurred:  
15 Rosemont Avenue

How long in hospital or Institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Frederick

City or town... Frederick  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 113 East Church Street  
(If rural, give LOCATION)

2.(a) If veteran, name war... None

### 3. (a) FULL NAME

CLARA VIRGINIA KEPLER

### 3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>W</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife... Luther Kepler

7. Birth date of deceased (mo., day, yr.)... November 30, 1858

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>1</u>	<u>16</u>	...hrs. ...min.

9. Birthplace... Nr. Middletown-Frederick-Maryland  
(Town, county, and state)

10. Usual occupation... At Home

### 11. Industry or business

12. Name... Josiah Doub  
13. Birthplace... Frederick County Maryland

14. Maiden name... Mary Routzahn  
15. Birthplace... Frederick County Maryland

16. Informant... Homer D. Kepler  
Address... Frederick, Maryland

17. Burial... Date thereof... 1/28/47  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... Lutheran Cemetery  
Location... Middletown, Maryland

18. Funeral director... M. R. Etchison and Son  
Address... Frederick, Maryland

19. 28 Jan 19 47... Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH... January 26th 1947 at 5 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Jan. 12 1947 to Jan. 26 1947  
and that I last saw him alive on Jan. 26 1947

Immediate cause of death... Uremia DURATION 6 days

Due to... Chronic Myocarditis 2 post

Due to...

Other conditions...  
(Include pregnancy within 3 months of death)

Major findings of operations... Date of op. ...

Autopsy results...  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide... Date of ...

Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?

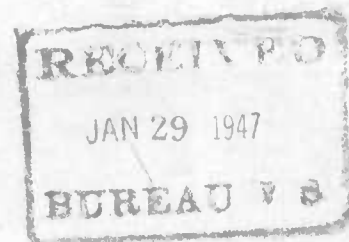
23. SIGNATURE... M. D.  
M. D. or other

Address... Frederick, Maryland Date signed... 1-28-47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a \*

00545

## CERTIFICATE OF DEATH

Reg. Dist. No. 132

## 1. PLACE OF DEATH:

County Frederick  
 City or town Rural Middletown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 60 yrs  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Frederick  
 City or town Rural Middletown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war no

## 3. (a) FULL NAME

Mary Lizzie Kepler

## 3. (b) Social Security Number

no

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife William J. Kepler  
 B. (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) December 25, 1873  
 8. AGE: Years 73 Months 1 Days 6 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Middletown Frederick Co., Md.  
 (Town, county, and state)

10. Usual occupation Housewife

## 11. Industry or business

MOTHER FATHER  
 12. Name Lawson H. Summers  
 13. Birthplace Middletown, Md.  
 14. Maiden name Mary Ellen Harp  
 15. Birthplace Middletown, Md.

16. Informant William J. Kepler  
 Address Middletown, Md.

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof 2-3, 1946  
 (month) (day) (year)  
 Cemetery or crematory Lutheran Cemetery  
 Location Middletown, Md.

18. Funeral director Blakely Co.  
 Address Middletown, Md.

19. Feb 3 19 47 Marie Blackhill  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 31, 1947 at 8:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 21, 1947 to Jan 31, 1947 and that I last saw her alive on Jan 31, 1947  
 Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_

Due to Cerebral Hemorrhage 10 days

Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE J E Harp MD M. D. or other \_\_\_\_\_  
 Address Middletown Date signed 2-1-47

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FEB 8 1947

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1-35

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 1440

### 1. PLACE OF DEATH:

County... Frederick  
City or town... Lewistown  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 18 years  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State... Maryland County... Frederick  
City or town... Lewistown  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. (If rural, give LOCATION)  
2(a) If veteran, name war

### 3. (a) FULL NAME

Odella Elizabeth Keyser.

### 3. (b) Social Security Number

None.

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed.  
6. (b) Name of husband or wife William F. Keyser  
6. (c) If alive, give age years  
7. Birth date of deceased (mo., day, yr.) July 7, 1870  
8. AGE: Years 76 Months 6 Days 14 If less than one day hrs. min.

9. Birthplace Bethel, Frederick Co., Md.  
(Town, county, and state)  
10. Usual occupation Retired  
11. Industry or business Housewife.  
12. Name William H. Stull  
13. Birthplace Frederick Co., Md  
14. Maiden name Rhueyann Stull.  
15. Birthplace Frederick Co., Md.

16. Informant Mrs Staley Stull.  
Address Lewistown, Md.

17. Burial Date thereof Jan. 16, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Charlesville Cemetery.  
Location Charlesville, Md.

18. Funeral director M. L. Creager & Son  
Address Thurmont, Md.

19. Jan. 16 1947 Blaude S. Eyles Registrar  
(Date rec'd by registrar)

### MEDICAL CERTIFICATION

20. DATE OF DEATH 14 January 1947 at 2:30 AM  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 31 December 1946 to 13 January 1947  
and that I last saw him alive on 13 January 1947

Immediate cause of death PULMONARY Embolism  
DURATION 8 HOURS.  
Due to PHLEBOTROMBOSIS, LEFT 10 DAYS.  
FEMORAL + SAPHEOUS VEINS  
Due to CEREBROVASCULAR ACCIDENT 14 DAYS.  
2 HEMIPLEGIA LEFT SIDE BODY  
Other conditions ARTERIOSCLEROTIC  
CARDIOVASCULAR DISEASE  
(Include pregnancy within 8 months of death)

Major findings of operations  
Date of op.  
Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide Date of  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?

23. SIGNATURE James E. Stoner Jr MD  
Address Waldersville Md M. D. or other  
Date signed 14 Jan 47

MARGIN RESERVED FOR BINDING

VS A15 9-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JAN 17 1947  
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1-35



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

94a

Reg. Dist. No. 00547

14/11

## 1. PLACE OF DEATH:

County FrederickCity or town Brunswick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 40 yrs

Hospital, institution, or street address where death occurred:

212 A St

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Brunswick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 212 A St

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

George T.KIDWILER

## 3. (b) Social Security Number

## 4. Sex

male

## 5. Color or race

white

## 6. (a) Single, married, widowed, or divorced

married

## 6. (b) Name of husband or wife

Hazel Cooper6. (c) If alive, give age 42 years

## 7. Birth date of

deceased (mo., day, yr.)

June 25 1899

## 8. AGE:

Years 44Months 6Days 26

If less than one day

hrs. min.

## 9. Birthplace

Maryland  
(Town, county, and state)

## 10. Usual occupation

B. I. P. A. R. car inspector

## 11. Industry or business

Transportation

## FATHER

## 12. Name

John R. Kidwiler

## 13. Birthplace

West Virginia

## MOTHER

## 14. Maiden name

Anna M. Bly

## 15. Birthplace

Pa.

## 16. Informant

Hazel V. Kidwiler

## Address

212 A St. Brunswick Md

## 17.

(Burial, cremation, or removal. Which?)

Burial

## Date thereof

Jan 26 1947  
(month) (day) (year)

## Cemetery or crematory

Park Heights

## Location

Brunswick Md

## 18. Funeral director

C. H. Fuchs & Bro

## Address

Brunswick Md

## 19.

(Date rec'd by registrar)

19

44 Kathryn H. Brown  
Dep. Registrar

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

22 January 1947 at 8:30 A. M.

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

never to 19and that I last saw him alive on 22 January 1947

## Immediate cause of death

Coronary Thrombosis

## DURATION

20 min.

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

## 23. SIGNATURE

Charles L. Conley, M. D.  
Deputy Health Commissioner, M. D. or other  
Address Frederick, Maryland Date signed 22 Jan '47

RECEIVED

JAN 30 1947

BUREAU V B.

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2-1410 - 1-10

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 1315

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 30 years

Hospital, institution, or street address where death occurred:

13 Rosemont

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 13 Rosemont  
(If rural, give LOCATION)2.(a) If veteran, name war none

## 3. (a) FULL NAME

Kattie D. Kirk

## 3. (b) Social Security Number

none

4. Sex

female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widowed6. (b) Name of husband or wife Jacob E. Kirk(dead) 6. (c) If alive, give age years7. Birth date of deceased (mo., day, yr.) May 5 18668. AGE: Years 80 Months 7 Days 10 If less than one day  
.....hrs. ....min.9. Birthplace Baltimore Co. Md  
(Town, county, and state)10. Usual occupation ✓

11. Industry or business

12. Name Samuel Griffith13. Birthplace Baltimore Co. Md14. Maiden name Katherine Seachrist15. Birthplace Baltimore Co. Md16. Informant Mrs Frank A. DollAddress Frederick Md17. Burial Date thereof Jan 13 1947  
(Burial, cremation, or removal. Which) (month) (day) (year)Cemetery or crematory Mt. OlivetLocation Frederick, Md18. Funeral director Harry E. Cart, CoAddress Frederick, Md.19. 13 Jan 1947 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 11th 19 47 at 11:30 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
January 4th 19 47 to January 11 19 47and that I last saw her alive on January 11th 19 47Immediate cause of death Angina pectoris

DURATION

20 min.Due to Cardiovascular disease overDue to periodOther conditions of year

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of.

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?23. SIGNATURE C. H. Conley M. D. or otherAddress Frederick, Maryland Date signed 1/13/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JAN 14 1947

BUREAU V. S.

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*W. C. C. C.*

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00549

Reg. Dist. No. 1310

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick-Rural  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency HospitalHow long in hospital or institution? Since January 27, 1947

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Frederick-Rural R. F. D. #3  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Edgewood

(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3.(a) FULL NAME

LILLIE MAY KLINE

## 3.(b) Social Security Number

None

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced M

6.(b) Name of husband or wife Martin L. Kline  
 6.(c) If alive, give age 84 years

7. Birth date of deceased (mo., day, yr.) April 11, 1890

8. AGE: Years 56 Months 8 Days 20 If less than one day  
 .....hrs. ....min.

9. Birthplace Frederick County Maryland  
 (Town, county, and state)

10. Usual occupation At Home

## 11. Industry or business

FATHER 12. Name Enos L. Mayne  
 13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Susan Shankle  
 15. Birthplace Frederick County Maryland

16. Informant Martin L. Kline  
 Address R. F. D. #3, Frederick, Md.

17. Burial Date thereof 2/3/47  
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Rocky Springs CemeteryLocation Near Frederick, Maryland

18. Funeral director M. R. Etchison and Son  
 Address Frederick, Maryland

19. 37 February 1947 Elizabeth G. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 31st, 1947 at 4:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 25 1947 to Jan. 31 1947  
 and that I last saw him alive on Jan. 31 1947

Immediate cause of death

Carcinoma stomach  
Generalized carcinomatosis  
 Due to Peritoneum; Liver; Abdominal  
nodes

DURATION

6 months

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please indicate the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

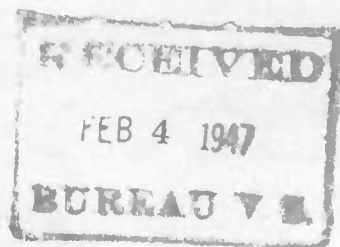
Means of injury

Injured at work?

23. SIGNATURE Bernard Thomas J. M. D.

M. D. or other

Address Frederick, Maryland Date signed 2-1-47



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for the change of MARYLAND STATE DEPARTMENT OF HEALTH  
age is shown on 2411 N. Charles St., Baltimore 181  
G 108 1/31/47

00550  
1310  
Reg. Dist. No.

# CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

County Frederick  
City or town Breunswick  
(If outside city or town limits, write RURAL NEAR and give town)  
Street address, hospital, or institution Frederick City Hospital  
Stay in hospital or inst. (yrs., or mos., or days) \_\_\_\_\_  
Stay in this community (yrs., or mos., or days) \_\_\_\_\_

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
City or town Breunswick Ward No. \_\_\_\_\_  
(If outside city or town limits, write RURAL NEAR and give town)  
Street No. 214 West Potomac Street  
(If rural give LOCATION)  
2(a) IF VETERAN, NAME WAR \_\_\_\_\_

## 3. (a) FULL NAME

Mrs. Catherine Landis

## 3. (b) Social Security Number

4. Sex F 5. Color or race white 6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Charles W. Landis

6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) April 1 - 1912

8. AGE: Years 34 Months 3/8 Days 9 If less than one day 26 hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Point of Rocks, Maryland  
(Town, county, and state)

10. Usual occupation Housewife

## 11. Industry or business

12. Name William Franklin Oden

13. Birthplace London Co - Virginia

14. Maiden name Bertha May Harshman

15. Birthplace Point of Rocks - Md.

16. Informant Charles W. Landis

Address 214 W. Potomac St. Breunswick, Md.

17. Burial Date thereof Jan - 29 - 1947  
(Burial, cremation, or removal) (month) (day) (year)

Cemetery or crematory St. Paul's Lutheran

Location Point of Rocks - Maryland

18. Funeral director Rev. J. S. Davis

Address Breunswick, Md.

19. 27 Jan 19 47 Elizabeth G. Harsh  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 27 January 19 47 11:25 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from never to 19

and that I last saw him er dead on 27 January 19 47

Immediate cause of death 2nd + 3rd  
degree burns over  
entire body

## DURATION

5 hrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 27 Jan. 47

Where did injury occur? Breunswick Fred. One  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Kerosene fire Injured at work? yes

23. SIGNATURE Charles H. Conley, Jr. M.D.  
Sup. Med. Examiner M. D. or other \_\_\_\_\_

Address Frederick, Md. Date signed 1/27/47



RECEIVED

JAN 29 1947

BUREAU V 8

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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## CERTIFICATE OF DEATH

Reg. Dist. No. 1411

## 1. PLACE OF DEATH

County Fredrick  
 City or town Brunswick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 46 years

Hospital, institution, or street address where death occurred:

410 9th Ave

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Fred.

City or town Brunswick  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 410 9th Ave  
 (If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (a) FULL NAME

Harry Lee Lewis

## 3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Edna J. Thompson

6. (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) June 16, 1889

8. AGE: Years 57 Months 7 Days 5 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Virginia  
 (Town, county, and state)

10. Usual occupation B. & O. R. Brakman

11. Industry or business Transportation

12. Name Edward Lee Lewis

13. Birthplace Virginia

14. Maiden name Snack F. Kuspatick

15. Birthplace Virginia

16. Informant Edna J. Lewis

Address Brunswick Md

17. (Burial, cremation, or removal. Which?) Burial Date thereof Jan. 19, 1947  
 (month) (day) (year)

Cemetery or crematory Park Heights

Location Brunswick Md.

18. Funeral director C. H. Foster & Son

Address Brunswick Md

19. Jan. 18 19 47 Kathryn H. Brown  
 (Date rec'd by registrar) (Reg.) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 16 January 19 47 at 11:45 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10 Jan. to 16 Jan. 47

and that I last saw him alive on 16 January 19 47

Immediate cause of death Cardiac failure

DURATION

Due to Undifferentiated. Occurred 6 weeks

Due to Church bygle nodes.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations see above

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Edward J. Lewis M. D. or other

Address Brunswick Md Date signed Jan 47

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JAN 22 1947

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2-1410 ——— 1-10

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 1312

### 1. PLACE OF DEATH:

County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 20 years  
Hospital, institution, or street address where death occurred:  
3 East Sixth Street  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 3 East Sixth Street  
(If rural, give LOCATION)  
2.(a) If veteran, name war None

### 3. (a) FULL NAME

CHARLES CLIFFORD LINDSAY

### 3. (b) Social Security Number

220-10-5590

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Married

6. (b) Name of husband or wife Carrie M. Haifleigh Lindsay

6. (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) October 30, 1877

8. AGE: Years Months Days If less than one day  
69 2 8 hrs. min.

9. Birthplace Unionville, Carroll Co., Md.  
(Town, county, and state)

10. Usual occupation Blacksmith

11. Industry or business

12. Name Thomas Otha Lindsay

13. Birthplace Unionville, Maryland

14. Maiden name Laura Cashour

15. Birthplace Frederick Co., Maryland

16. Informant Mrs. Charles Lindsay

Address Frederick, Maryland

17. Burial Date thereof January 9, 1947  
(Burial, cremation, or removal, which) (month) (day) (year)

Cemetery or crematory Fairmont Cemetery

Location Libertytown, Maryland

18. Funeral director C. E. Cline & Son

Address Frederick, Maryland

19. 9 January 1947 Elizabeth G. Heck  
(Date read by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH January 7th 1947 at 11:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May, 24th 1937 to Jan. 7th 1947 and that I last saw him alive on Jan. 6th 1947

Immediate cause of death Terminal Pneumonia DURATION 3 days

Due to Chr. Emphysema & Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

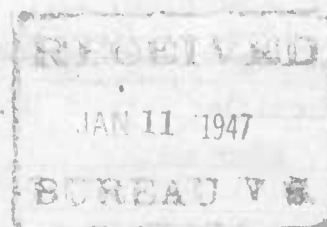
Means of injury Injured at work?

23. SIGNATURE John Baxter M. D. or other  
Address Frederick, Md. Date signed Jan. 9/47

MARGIN RESERVED FOR BINDING

VS A15 9-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00553

Reg. Dist. No.

131

## 1. PLACE OF DEATH:

County FrederickCity or town Brunswick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 days

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? 5 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Brunswick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 48 East "D"  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Thelma V. Merriam

## 3. (b) Social Security Number

## 4. Sex

Female

## 5. Color or race

white

## 6. (a) Single, married, widowed, or divorced

married

## 6. (b) Name of husband or wife

Leon E. Merriam

## 7. Birth date of deceased (mo., day, yr.)

June 14 19056. (c) If alive, give age 45 years

## 8. AGE:

Years 41Months 6Days 24

If less than one day

.....hrs. ....min.

## 9. Birthplace

West Virginia  
(Town, county, and state)

## 10. Usual occupation

Homemaker

## 11. Industry or business

None

## FATHER

## 12. Name

Calvin E. Baker

## 13. Birthplace

West Virginia

## MOTHER

## 14. Maiden name

Wilhelmina Merriam

## 15. Birthplace

West Virginia

## 16. Informant

Leon E. Merriam

## Address

Brunswick Md.

## 17.

(Burial, cremation, or removal - Which?)

Date thereof

1 - 12 - 47  
(month) (day) (year)

## Cemetery or crematory

Park Heights

## Location

Brunswick Md.

## 18. Funeral director

C. H. Fests + Bros

## Address

Brunswick Md.

## 19.

(Date rec'd by registrar)

9 Jan 1947Elizabeth G. Heck  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 8 1947 at 4:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 3 1947 to Jan 8 1947and that I last saw him alive on Jan 8 1947

Immediate cause of death

Pulmonary Embolism

## DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Tuboid Ulcers  
Hypertension Date of op. Jan 3-4-7

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

EP Thomas  
M. D. or other  
Address Brunswick Md. Date signed Jan 8-47

STANDARD TERMINAL SERVICE COMPANY

STANDARD TERMINAL SERVICE COMPANY

STANDARD TERMINAL SERVICE COMPANY

STANDARD TERMINAL SERVICE COMPANY

RECEIVED

JAN 11 1947

BUREAU OF

1-35



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

00554

## CERTIFICATE OF DEATH

Reg. Dist. No. 1310

1. PLACE OF DEATH:  
County Frederick  
City or town Frederick - Rural  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 4 months  
Hospital, institution, or street address where death occurred:  
Emergency Hospital  
How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Md. County Frederick  
City or town Middleton  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. ....  
(If rural, give LOCATION)  
2.(a) If veteran, name war .....

3. (a) FULL NAME  
Clara V. Miller

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed  
6. (b) Name of husband or Lewis Miller  
7. Birth date of deceased (mo., day, yr.) Nov. 23 1862 8. (c) If alive, give age ..... years  
8. AGE: Years 83 Months 2 Days 0 If less than one day ..... hrs. .... min.

9. Birthplace Middleton, Frederick Co., Md.  
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER  
12. Name George Baer  
13. Birthplace Middleton, Md.  
14. Maiden name Mary Rutzman  
15. Birthplace Middleton, Md.

16. Informant Laura Baer  
Address Middleton, Md.

17. Burial Date thereof 1-25-1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Lutheran Cemetery  
Location Middleton, Md.

18. Funeral director Blodgett Co.  
Address Middleton, Md.

19. Jan 25 19 47 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 23 19 47 at 6:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 15 19 46 to Jan 23 19 47  
and that I last saw her alive on January 22 19 47

Immediate cause of death Cerebral hemorrhage DURATION 1 week

Due to .....

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations .....

..... Date of op. ....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Bernard Herman M.D. M. D. or other  
Address Frederick, Md. Date signed Jan. 23, 47

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RECEIVED  
JAN 30 1947  
BUREAU 76

1-35

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

170c

00555

## CERTIFICATE OF DEATH

Reg. Diat. No. 131

### 1. PLACE OF DEATH:

County Frederick

City or town Frederick-Rural R. F. D. #2  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Near Frederick

How long in hospital or institution? None

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick - Rural R. F. D. #2  
(If outside city or town limits, write RURAL and give nearest town)

Street No. Urbana  
(If rural, give LOCATION)

2.(a) If veteran, name war World War II

### 3. (a) FULL NAME

MARTIN GRAYSON MISS

### 3. (b) Social Security Number

None

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>S</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) June 20, 1926

8. AGE:	Years	Months	Days	If less than one day
	<u>20</u>	<u>7</u>	<u>5</u>	.....hrs. ....min.

9. Birthplace R. F. D. #4-Frederick, Maryland  
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

12. Name Martin G. Miss

13. Birthplace Frederick County Maryland

14. Maiden name Mary Lee

15. Birthplace Baltimore, Maryland

16. Informant Martin G. Miss

Address R. F. D. #2, Frederick, Maryland

17. Burial Date thereof 1/27/47  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 25 Jan 19 47 Elizabeth G. Hede  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH 25 January 19 47 at 12:22 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

never to 19 and that I last saw him alive on 25 January 19 47

Immediate cause of death

Multiple fracture skull

Bilateral compound fractures

Due to tibiae + fibulae

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 25 Jan '47

Where did injury occur? Frederick Fred Md  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) City Street

Means of injury Auto accident Injured at work? No

23. SIGNATURE Charles H. Conley, Jr. M.D.  
Dep. Med. Examiner A. G. or other

Address Frederick, Md Date signed 25 Jan '47

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct use of this form is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 30 1947

BUREAU 76

1-35

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

00556

139

### 1. PLACE OF DEATH:

County **Frederick**  
 City or town **State Sanatorium, Maryland**  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? **Since 1/30/47**  
 Hospital, institution, or street address where death occurred:  
**Maryland Tuberculosis Sanatorium**  
 How long in hospital or institution? **Since 1/30/47**

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State **Maryland** County **Carroll**  
 City or town **Mt. Airy**  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

**Allen T. Morris**

### 3. (b) Social Security Number

**213-10-9995**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, married, widowed, or divorced **Widower**

6. (b) Name of husband or wife \_\_\_\_\_

7. Birth date of deceased (mo., day, yr.) **April 30, 1901** 6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years **45** Months **9** Days **1** If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace **Baltimore County, Md.**  
 (Town, county, and state)

10. Usual occupation **Meat cutter**

11. Industry or business \_\_\_\_\_

12. Name **John T. Morris**

13. Birthplace **Virginia**

14. Maiden name **Dora Wilkens**

15. Birthplace **Virginia**

16. Informant **Deceased**

Address \_\_\_\_\_

17. Burial **Burial** Date thereof **2/4/47**  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery **Loudon Park Cemetery**

Location **Baltimore, Maryland**

18. Funeral director **M. L. Creager & Son**

Address **Thurmont, Maryland**

19. **Feb. 1** **47** **J. D. Lynn**  
 (Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH **January 31** 19 **47** at **6:15P** M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **January 30** 19 **47** to **Jan. 31** 19 **47**

and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_

Immediate cause of death \_\_\_\_\_

**Pulmonary Tuberculosis**

### DURATION

**1 Yr.,**

**3 Mos.**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

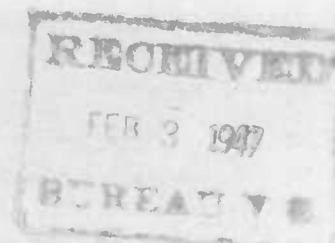
23. SIGNATURE **R. W. Baccis** M. D. **XXXX**

Address **State Sanatorium, Md.** Date signed **2/1/47**

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1-35

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00557

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? Since January 19, 1947

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarrollCity Mount Airy  
(If outside city or town limits, write RURAL and give nearest town)

Street No. ....

(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (a) FULL NAME

Murray, Mrs Laura

## 3. (b) Social Security Number

None

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

W6. (b) Name of husband or wife Clarence M. Murray

7. Birth date of

deceased (mo., day, yr.)

June 22, 11869

8. (c) If alive, give age ..... years

8. AGE:

Years

Months

Days

If less than one day

77783

..... hrs.

..... min.

9. Birthplace Buckeystown-Frederick-Maryland

(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name Henry E. Smith13. Birthplace Frederick County Maryland14. Maiden name Unknown15. Birthplace Unknown16. Informant Mrs. Charles E. WebsterAddress Mount Airy, Maryland17. Burial Date thereof 2/1/47  
(Burial, cremation, or removal—Which?) (month) (day) (year)Cemetery or Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 31 Jan 1947 Elizabeth V. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30 1947, at 9 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 13 1947, to Jan 30 1947and that I last saw him alive on Jan 30 1947

Immediate cause of death

DURATION

Heart Coronary ThrombosisTwelve

Due to

Arteriosclerosis

Due to

Other conditions Dyslipidemia

(Include pregnancy within 3 months of death)

Major findings of operations None

..... Date of op. ....

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of Injury Injured at work?

23. SIGNATURE A. A. Owen M.D.

M. D. or other

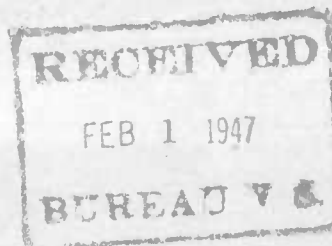
Address Frederick, Md. Date signed 1/30/47

MARGIN RESERVED FOR BINDING

VS A15 9.45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00558

Reg. Dist. No. 147

## 1. PLACE OF DEATH:

County... FrederickCity or town... Mt. Airy  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 37

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... FrederickCity or town... Mt. Airy  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war. \_\_\_\_\_

## 3. (a) FULL NAME

CARRIE MAY NORWOOD

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife John T. Norwood of 137. Birth date of deceased (mo., day, yr.) March 1871 8. (c) If alive, give age 74 years8. AGE: Years 75 Months 10 Days 2 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Frederick Co. Md.  
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name William E. Miller13. Birthplace Maryland14. Maiden name Henrietta C. Lowe15. Birthplace Maryland16. Informant John T. Norwood of 13Address Mt. Airy Md.17. (Burial, cremation, or removal, which?) Burial Date thereof 1-14-47  
(month) (day) (year)Cemetery or crematory ProspectLocation Mt. Airy Fred. Co. Md.18. Funeral director G. M. WertzAddress Winfield Md.19. Jan. 12 1947 Blanche A. Runkles

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 12 1947 at 6 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

December 29 1946 to Jan 12 1947and that I last saw her alive on January 11, 1947Immediate cause of death Cerebral Embolism DURATION 6 hrsDue to Coronary Thrombosis 15 daDue to Arterio Sclerosis 7 yrs

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations none

Date of op. \_\_\_\_\_

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE Instantly Grabill - M.D.Address Mt. Airy - Md. Date signed 1/12/47

RECEIVED TO TRANSMIT TO STATE CHAIRMAN

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RECEIVED

JAN 15 1947

BUREAU

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

00559

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick-Rural R. F. D. #1  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 6 Years  
 Hospital, institution, or street address where death occurred:  
Near Mount Pleasant  
 How long in hospital or institution? .....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Frederick-Rural R. F. D. #1  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Near Mount Pleasant  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3. (a) FULL NAME

WASHINGTON A. PEDDICORD

## 3. (b) Social Security Number

None

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (b) Single, married, widowed, or divorced <u>M</u>
6. (b) Name of husband or wife <u>Mattie E. Gaither</u>		
6. (c) If alive, give age <u>72</u> years		
7. Birth date of deceased (mo., day, yr.) <u>August 22, 1880</u>		
8. AGE: Years <u>66</u>	Months <u>5</u>	Days <u>2</u> If less than one day ..... hrs. .... min.

9. Birthplace Baltimore, Maryland  
 (Town, county, and state)

10. Usual occupation Farmer

## 11. Industry or business

12. Name Washington Peddicord  
 13. Birthplace Baltimore, Maryland  
 14. Maiden name Emma Jane (last name unknown)  
 15. Birthplace Baltimore, Maryland

16. Informant Mrs. Mattie Peddicord  
 Address R. F. D. #1, Frederick, Maryland

17. Burial Date thereof 1/28/47  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery  
Frederick, Maryland  
 Location M. R. Etchison and Son  
Frederick, Maryland

18. Funeral director Frederick, Maryland  
 Address .....

19. 25 Jan 19 47 Elizabeth G. Hoch  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 24 January 19 47 at 7:45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from never 19..... to 19.....  
 and that I last saw him live on 25 January 19 47

Immediate cause of death.....

DURATION

Coronary Thrombosis1/2 hour (?)

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Manner of injury Injured at work?

23. SIGNATURE Charles H. Conley, M. D.  
Dep. Med. Examiner M. D. or other  
 Address Frederick, Md. Date signed 25 Jan '47

RECEIVED

JAN 30 1947

BUREAU

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

93d

00560

1310

Reg. Dist. No.

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

Emergency HospitalHow long in hospital or institution? 13 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 326 East Patrick St.

(If rural, give LOCATION)

2.(d) If veteran, name war None

## 3. (a) FULL NAME

JOHN CHARLES PHILLIPS

## 3. (b) Social Security Number

None

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Single

## 6. (b) Name of husband or wife

6. (c) If alive, give age \_\_\_\_\_ years

## 7. Birth date of

deceased (mo., day, yr.)

April 10, 1865

## 8. AGE:

Years

Months

Days

If less than one day

8193

.....hrs. ....min.

## 9. Birthplace

Frederick, Frederick Co., Md.

(Town, county, and state)

## 10. Usual occupation

Former City Employee

## 11. Industry or business

FATHER

## 12. Name

John Phillips

## 13. Birthplace

Europe

MOTHER

## 14. Maiden name

Margaret Houck

## 15. Birthplace

Europe

## 16. Informant

Emergency Hospital Records

## Address

Frederick, Maryland

## 17. Burial

(Burial, cremation, or removal, whichever)

Date thereof January 15, 1947

(month) (day) (year)

## Cemetery or crematory

Mount Olivet Cemetery

## Location

Frederick, Maryland

## 18. Funeral director

C. E. Cline & Son

## Address

Frederick, Maryland19. 14 Jan

(Date rec'd by registrar)

19. 47Elizabeth G. Hech

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 13th 19 47 at 10:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 1 19 47 to Jan. 13 19 47and that I last saw him alive on Jan. 13 19 47

Immediate cause of death

Cerebral hemorrhage

DURATION

2 days

Due to

Due to

Other conditions

Arterio-sclerotic Cardio-vascular Disease

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Bernard Thomas Jr. M.D.

M. D. or other

Address Frederick, Md.Date signed Jan. 14, 1947

RECEIVED

JAN 15 1947

BUREAU OF

1-35



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

00561

## CERTIFICATE OF DEATH

Reg. Dist. No. 13

## 1. PLACE OF DEATH

County Fredrick  
 City or town Fredrick Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 3 days  
 Hospital, institution, or street address where death occurred:  
Fredrick City Hospital  
 How long in hospital or institution? 3 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Howard  
 City or town Lithton  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3.(a) FULL NAME

Mr. William Poole

## 3.(b) Social Security Number

217-22-6187

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband or wife Gertrude E Poole  
 7. Birth date of deceased (mo., day, yr.) Feb 16 - 1880 6.(c) If alive, give age 68 years  
 8. AGE: Years 66 Months 10 Days 20 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Maryland Howard County  
 (Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business \_\_\_\_\_

12. Name William W. Poole

13. Birthplace Maryland

14. Maiden name Virginia Hall

15. Birthplace Maryland

16. Informant Mr. Gertrude Poole

Address Lithton Md

17. Burial Date thereof Jan 9 47  
 (Burial, cremation, or other) (month) (day) (year)

Cemetery or crematory First Home

Location Mt Airy

18. Funeral director C. M. Wetz

Address Winfield Md

19. 8 January 1947 Elizabeth H. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 6 1947, at 11 35 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 3 1947, to Jan 6 1947

and that I last saw him alive on Jan. 6 1947

Immediate cause of death \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op. \_\_\_\_\_

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

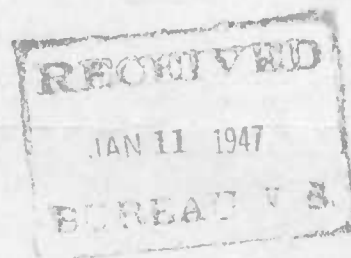
Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE A. A. Pearce, M.D. M. D. or other \_\_\_\_\_

Address Fredrick Md. Date signed 1/6/47



1-35

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 00562410

### 1. PLACE OF DEATH:

County Frederick  
City or town Brunswick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

117 B. Street

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Brunswick, Md.  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 117 W. B. Street

(If rural, give LOCATION)

2.(a) If veteran, name war

### 3.(a) FULL NAME

Charles E. Renner

### 3.(b) Social Security Number

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

Bertranda Renner

6.(c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

Sept. 27, 1873

8. AGE:

Years

69

Months

3

Days

6

If less than one day

hrs.

min.

9. Birthplace Hagerstown, Wash. Co., Md.  
(Town, county, and state)

10. Usual occupation Retired R. R. Employee

11. Industry or business

12. Name Charles E. Renner

13. Birthplace Hagerstown, Md.

14. Maiden name Margaret Luft

15. Birthplace Baltimore, Maryland.

16. Informant Mrs. Raymond Goodrich

Address 117 W. B. St. Brunswick, Md.

17. Burial Date thereof Jan. 5, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Md.

18. Funeral director Fred W. Kraiss

Address Hagerstown, Md.

19. 1-2 19 47 Eugenia H. Burke  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH January 2, 1947 9:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 9 1944 to Jan 2 1947

and that I last saw him alive on Jan 1 1947

Immediate cause of death

Cerebral Hem

DURATION

13 days

Due to

Due to

Other conditions

Pneumonia

5 yrs

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

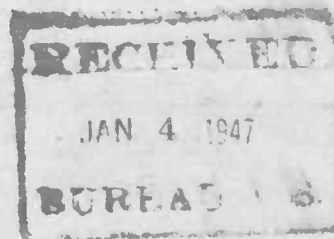
Eugenia H. Burke M. D. or other  
Address 117 W. B. St. Brunswick, Md. Date signed 1/3/47

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1-35

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

00563

## CERTIFICATE OF DEATH

Reg. Dist. No. 1310

## 1. PLACE OF DEATH:

County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? LifetimeHospital, institution, or street address where death occurred:  
708 N. Market StreetHow long in hospital or institution? one week

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 235 N. Church Street  
(If rural, give LOCATION)2.(a) If veteran, name war none

## 3. (a) FULL NAME

Emma Kate Salter

## 3. (b) Social Security Number

none4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife \_\_\_\_\_

6.(c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) May 30 - 18708. AGE: Years 76 Months 7 Days 11 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Frederick County - Md.  
(Town, county, and state)10. Usual occupation Retired Hosiery Employee

11. Industry or business \_\_\_\_\_

12. Name George E. Salter13. Birthplace Frederick - Md.14. Maiden name Nettie F. Stall15. Birthplace Frederick - Md.16. Informant Mrs. Richard KaysenAddress Mill Ave. Frederick - Md.17. Burial Date thereof 1-14-1947  
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory Mt. Olivet CemeteryLocation Frederick - Md.18. Funeral director C. E. Clin + SonAddress Frederick - Md.19. 13 Jan 1947 Elizabeth G. Hark  
(Date reg'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 11, 1947, 5:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 4, 1947 to Jan 11, 1947and that I last saw him alive on January 11, 1947

Immediate cause of death \_\_\_\_\_

Embolicism Right legC. GangreneDue to Chronic Myocarditis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Howard W. Ahm M.D.Address Frederick, Md. Date signed 1-13-47

MARGIN RESERVED FOR BINDING

VS A15

9-45-47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
JAN 14 1947  
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*W. Cook*

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3d)

## CERTIFICATE OF DEATH

00564

Reg. Dist. No. 1370

## 1. PLACE OF DEATH:

County Fredrick Co  
 City or town Johnsville Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life time  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Md County Fredrick  
 City or town Johnsville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Roy Clifton Saylor

## 3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

male of color Single

## 6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Fredrick Co Md 1892 8. (c) If alive, give age years

8. AGE: Years 59 Months 3 Days 9 If less than one day hrs. min.

9. Birthplace Johnsville Md  
(Town, county, and state)10. Usual occupation labor

11. Industry or business

12. Name Solomon Clifton Saylor13. Birthplace Fredrick Co Md14. Maiden name Susan Catharine Hoffman15. Birthplace Fredrick Co Md16. Informant Mrs. Susan C. SaylorAddress Woodsboro Md17. Burial Date thereof Jan 6 - 47  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Beaver DamLocation Near Union Bridge Md18. Funeral director Raymond F. BushAddress Union Bridge Md

19. 1-47 47 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 3 1947 at 9:50 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 6 1946 to Jan 3 1947 and that I last saw him alive on Jan 3 1947Immediate cause of death Chronic myocarditisDue to arterio sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

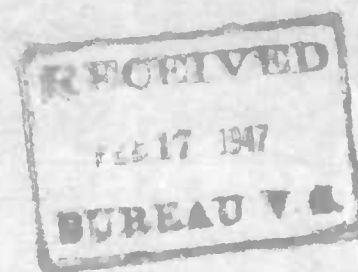
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. N. Legg M. D. or otherAddress Union Bridge Md Date signed 1-4-47





2-55

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 1310

## 1. PLACE OF DEATH:

County FredernickCity or town Fredernick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 84 years

Hospital, institution, or street address where death occurred:

238 East Potomac

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County FredernickCity or town Fredernick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 238 East Potomac  
(If rural, give LOCATION)2.(a) If veteran, name war none

## 3. (a) FULL NAME

Fannie Scheel

## 3. (b) Social Security Number

none

4. Sex

female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Feb 14 1862

6. (c) If alive, give age.....years

8. AGE:

Years

Months

Days

If less than one day

841029

.....hrs.

.....min.

9. Birthplace Fredernick, Fredernick, Md  
(town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Philip A. Scheel13. Birthplace Germany14. Maiden name Katherine (unknown)15. Birthplace Germany16. Informant Mr. John BoyerAddress Fredernick, Md17. Burial Date thereof Jan 15, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mt. CalvaryLocation Fredernick, Md18. Funeral director Wm. E. Cantor CoAddress Fredernick, Md19. 13 Jan 19 47 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 13 19 47 at 4 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 10 19 46 to Jan. 13 19 47and that I last saw her alive on Jan. 12 19 47

Immediate cause of death

Infarction of  
myocardium  
due to  
carcinoma  
of  
uterus

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE E. D. [Signature] M. D. or otherAddress Fredernick, Md Date signed 1/13/47

RECEIVED

JAN 14 1947

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1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00566

Reg. Dist. No. 1310

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick-Rural  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital  
 How long in hospital or institution? Since January 9, 1947

## 3. (a) FULL NAME

JOHN RICHARD SCHILLING

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

W

6. (b) Name of husband or wife

Bessie King

7. Birth date of

deceased (mo., day, yr.)

Unknown

8. (c) If alive, give age..... years

187.3

8. AGE:

Years

Months

Days

If less than one day

74 ?

..... hrs.

min.

9. Birthplace Frederick County Maryland

(Town, county, and state)

10. Usual occupation

None

11. Industry or business

FATHER

12. Name John R. Schilling, Sr.13. Birthplace Frederick County Maryland14. Maiden name Sarah Jane Butler15. Birthplace Frederick County Maryland16. Informant Hospital Records

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 1/30/47

(month) (day) (year)

Cemetery or crematory Montevue CemeteryLocation Frederick, Md. - Rural18. Funeral director M. R. Etchison and Son

Address

Frederick, Maryland19. 29 Jan 19 47

(Date rec'd by registrar)

Elizabeth G. Hech

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 508 North Bentz Street

(If rural, give LOCATION)

None

2. (a) If veteran, name war.....

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 27 19 47, at 10:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 9 19 47, to Jan. 27 19 47  
and that I last saw him alive on Jan. 27 19 47

Immediate cause of death

Cerebral hemorrhage

DURATION

1 week

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?.....

23. SIGNATURE Bernard Thomas J. M.D.Address Frederick, Md.Date signed Jan. 27, 47

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JAN 30 1947  
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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

00567

131

1. PLACE OF DEATH:  
County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 10 Years  
Hospital, institution, or street address where death occurred:  
330 East Church Street  
How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Maryland County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 330 East Church Street  
(If rural, give LOCATION)  
2.(a) If veteran, name war None

3. (a) FULL NAME  
CONRAD SCHULTZ, JR.

3. (b) Social Security Number  
None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced W  
6. (b) Name of husband or wife Mary Ellen Blank  
6. (c) If alive, give age ..... years  
7. Birth date of deceased (mo., day, yr.) February 23, 1854  
8. AGE: Years 92 Months 11 Days 2 If less than one day ..... hrs. .... min.

9. Birthplace Germany  
(Town, county, and state)  
10. Usual occupation Retired Farmer  
11. Industry or business  
12. Name Conrad Schultz, Sr.  
13. Birthplace Germany  
14. Maiden name Unknown  
15. Birthplace Germany

16. Informant Mrs. Emma Masser  
Address 330 E. Church St., Frederick, Md.

17. Burial Date thereof 1/27/47  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Rocky Springs Cemetery  
Location Near Frederick, Maryland  
18. Funeral director M. R. Etchison and Son  
Address Frederick, Maryland

19. 25 Jan 47 Elizabeth G. Hach  
(Date rec'd by registrar) (Registrar)

### MEDICAL CERTIFICATION

20. DATE OF DEATH January 25, 1947 12:15A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 46 1946 to Jan 25 1947  
and that I last saw him alive on Jan 15 1947

Immediate cause of death Chronic Myocarditis  
Due to Chronic Hypertension

Due to .....  
Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations .....

Autopsy results.....  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Howard W. Calkins M. D.

Address Frederick, Maryland Date signed 1-25-47

MARGIN RESERVED FOR BINDING

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VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JAN 30 1947

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

169

00568

## CERTIFICATE OF DEATH

★ Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? 1 Day & 15 Hours

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Brunswick  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_

(If rural, give LOCATION)

2. (a) If veteran, name war World War I

## 3. (a) FULL NAME

GEORGE ALVIN SNODDERLY

## 3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced D

6. (b) Name of husband or wife Mabel Palmer

7. Birth date of deceased (mo., day, yr.) Unknown 6. (c) If alive, give age 48 years

8. AGE: Years 54? Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Washington County Maryland  
(Town, county, and state)

10. Usual occupation Watchman11. Industry or business M. J. Grove12. Name George Snodderly13. Birthplace Washington County Maryland14. Maiden name (First Name Unknown (Guesfford))15. Birthplace Washington County Maryland16. Informant Corp. George A. Snodderly IIIAddress Fort Knox, Kentucky17. Burial Date thereof 1/14/47

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 13 Jan 19 47 Elizabeth G. Heck

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 8 January 19 47 at 10:20 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from never to 19and that I last saw him alive on 9 January 19 47Immediate cause of death Fractured skullDURATION 1 day

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 7 January 47Where did injury occur? Brunswick Fred. Ind. (State)

(City or town) (County)

Injured at home, farm, industry, public place (where?) B.O.R.R. TracksMeans of injury Struck by train Injured at work? no23. SIGNATURE Charles H. Conley, M.D.Address Frederick, Md Date signed 10 Jan 47

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JAN 14 1947

BUREAU OF

1-35

receiving, Mr.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00569

Reg. Diat. No. 1310

### 1. PLACE OF DEATH:

County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital  
How long in hospital or institution? 6 Days

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 804 North Market Street  
(If rural, give LOCATION)

2.(a) If veteran, name war None

### 3. (a) FULL NAME

EDWARD LUTHER SPARROW

### 3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife Flora Toms  
6. (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) March 25, 1869

8. AGE: Years 77 Months 9 Days 29 It less than one day  
hrs. min.

9. Birthplace Mechanicsburg, Ill.  
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER 12. Name James N. Sparrow  
13. Birthplace Washington, D. C.

MOTHER 14. Maiden name Elizabeth Virts  
15. Birthplace Loudoun County Virginia

16. Informant Mrs. Flora Sparrow  
Address 804 N. Market St., Frederick, Md.

17. Burial Date thereof 1/27/47  
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery  
Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son  
Address Frederick, Maryland

19. 27-Jan-47 Elizabeth G. Heck.  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH January 24, 1947 at 7 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 19, 1947 to Jan. 24, 1947  
and that I last saw him alive on Jan. 24, 1947

Immediate cause of death Heart Coronary Thrombosis DURATION 5 days

Due to Arteriosclerosis

Other conditions Angina Pectoris

(Include pregnancy within 3 months of death)

Major findings of operations None Date of op.

Autopsy results no  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. A. Tamm M. D.  
M. D. or other

Address Frederick, Maryland Date signed 1-25-47

MARGIN RESERVED FOR BINDING

VS A15 9.45:15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

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7-35

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

170c

00570

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick-Rural R. F. D. #2  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Near Frederick

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 446 West South Street

(If rural, give LOCATION)

None

2.(a) If veteran, name war

## 3. (a) FULL NAME

MARY JANE STAUB

## 3. (b) Social Security Number

215-26-79004. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced S

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 10, 19318. AGE: Years 15 Months 11 Days 15 If less than one day  
..... hr. .... min.9. Birthplace Buckeystown-Frederick-Maryland  
(Town, county, and state)10. Usual occupation Clerk

11. Industry or business

FATHER 12. Name Melvin F. Staub  
13. Birthplace Frederick County MarylandMOTHER 14. Maiden name Florence N. McCuller  
15. Birthplace Frederick County Maryland16. Informant Melvin F. Staub  
Address 446 W. South St., Frederick, Md.17. Burial Date thereof 1/27/47  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematorium St. Johns CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 25 Jan 19 47 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 25 January 19 47 at 12:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

never 19..... to 19.....  
and that I last saw on death 25 January 19 47

Immediate cause of death

multiple fractures skull,  
legs and arms

DURATION

Instant

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide Accident Date of 25 Jan '47Where did injury occur? In Frederick Fred Ind  
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) U.S. Highway #15Means of injury Auto accident Injured at work? No23. SIGNATURE Charles H. Bailey, Jr. M.D.  
Dep. Med. Examiner M. D. or otherAddress Frederick, Md. Date signed 25 Jan 47

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

05290

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JAN 30 1947  
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00571

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Point of Rocks  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 42 Years  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Point of Rocks  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3. (a) FULL NAME

JAMES WILLIAM STOCKS

## 3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single married, widowed, or divorced W  
 6. (b) Name of husband or wife Anna M. Fox  
 6. (c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) March 10, 1863

8. AGE: Years 85 Months 11 Days 4 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Nr. Lucketts-Loudoun-Virginia  
 (Town, county, and state)

10. Usual occupation Merchant

11. Industry or business Operated Own Store

12. Name Joshua Stocks  
 13. Birthplace Loudoun County Virginia

14. Maiden name Ellen McCutcheon  
 15. Birthplace Loudoun County Virginia

16. Informant Mr. Stephen Stocks  
 Address Point of Rocks, Maryland

17. Burial Date thereof 1/16/47  
 (Burial, cremation, or removal, which) (month) (day) (year)  
 Cemetery or crematory Union Cemetery  
 Location Lovettsville, Virginia

18. Funeral director M. R. Etchison and Son  
 Address Frederick, Maryland

19. 16 Jan 1947 Eligible G Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 14, 1947 at 11:30A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 13 1947 to Jan 14 1947  
 and that I last saw him alive on Jan 13 1947

Immediate cause of death Pulmonary Edema  
Uremia  
 DURATION 2 Days  
5 Days

Due to Myocardial decompensation

Due to Smiling, Acute Uremia  
Retention

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_  
 Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE A. L. L. L. L. L. M. D.  
Jefferson, Maryland  
 Address \_\_\_\_\_ Date signed \_\_\_\_\_



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

161a

00572

## CERTIFICATE OF DEATH

Reg. Dist. No. 1310

## 1. PLACE OF DEATH:

County... Frederick  
 City or town... Frederick, Md. - Rural  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital  
 How long in hospital or institution? 8 hrs.

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Frederick  
 City or town... Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 611 Chapel Alley  
 (If rural, give LOCATION)  
 2(a) If veteran, name war... None

## 3. (a) FULL NAME

Lewis Richard Studebaker Jr.

## 3. (b) Social Security Number

None

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

S

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

January 27, 1947

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

0

0

0

8 hrs.

min.

9. Birthplace

Emergency Hospital, Fred, Md.  
 (Town, county, and state)  
Infant

10. Usual occupation

11. Industry or business

FATHER

12. Name

Lewis Richard Studebaker

13. Birthplace

Frederick, Md.

MOTHER

14. Maiden name

Emily Mae Studebaker

15. Birthplace

Frederick, Md.

16. Informant

Address

Emergency Hospital  
Frederick, Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

St. Luke's Cemetery

Location

Feagaville, Maryland

18. Funeral director

Address

M. R. Etchison and Son  
Frederick, Maryland

19.

(Date rec'd by registrar)

29 Jan. 1947

Elizabeth G. Heath  
 Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Jan. 28

19 47, at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 27

19 47

to Jan. 28 19 47

and that I last saw him alive on

January 28,

19 47

Immediate cause of death

Congenital Atelectasis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Bernard Thomas Jr. MD

Frederick, Maryland

M.D. or other

Address

Date signed

1-29-47

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JAN 30 1947

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1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00573  
Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
City or town Frederick-Rural  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
City or town Frederick-Rural R. F. D. #3  
(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Bloomfield  
(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (a) FULL NAME

LEO WILLIAM STULL

## 3. (b) Social Security Number

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced S

6.(b) Name of husband or wife

6.(c) If alive, give age.....years

7. Birth date of deceased (mo., day, yr.) September 5, 1918

8. AGE: Years 28 Months 4 Days 3 If less than one day  
.....hrs. ....min.

9. Birthplace Mountindale-Frederick-Maryland  
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name George E. Stull, Sr.  
13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Annie Covell  
15. Birthplace Frederick County Maryland

16. Informant George E. Stull, Sr.  
Address R. F. D. #3, Frederick, Md.

17. Burial Date thereof 1/11/47  
(Burial, cremation, or removal, which?) (month) (day) (year)  
Cemetery or crematory Rocky Springs Cemetery

Location Near Frederick, Maryland

18. Funeral director M. R. Etchison and Son  
Address Frederick, Maryland

19. 9 Jan 1947 Elizabeth G. Heck  
(Date read by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 8th, 1947 at 11:45P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 1 1946 to Jan. 8 1947  
and that I last saw him alive on Jan. 8 1947

Immediate cause of death

Lobar Pneumonia

DURATION

10 days

Due to

Due to

Other conditions Congenital Heart Disease 28 years

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Bernard Kenna Jr. M. D.  
M. D. or other

Address Frederick, Maryland Date signed 1-9-47

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JAN 11 1947

BUREAU 78

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

# CERTIFICATE OF DEATH

Reg. Dist. No. 1510

00574

13

<b>1. PLACE OF DEATH:</b> County <u>Frederick</u> City or town <u>Rural nr Walkersville</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>20 yrs</u> Hospital, institution, or street address where death occurred: _____ How long in hospital or institution? _____		<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State <u>Md</u> County <u>Frederick</u> City or town <u>Rural nr Walkersville</u> (If outside city or town limits, write RURAL and give nearest town) Street No. _____ (If rural, give LOCATION) 2.(a) If veteran, name war _____	
<b>3. (a) FULL NAME</b> <u>Harrisonia A. Smallwood Thompson</u>		<b>3. (b) Social Security Number</b> _____	
4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) <u>Single</u> married, widowed, or divorced	
6. (b) Name of husband or wife <u>William F Thompson</u>		6. (c) If alive, give age <u>77</u> years	
7. Birth date of deceased (mo., day, yr.) <u>August 20, 1875</u>			
8. AGE:	Years <u>71</u>	Months <u>4</u>	Days <u>21</u> If less than one day _____ hrs. _____ min.
9. Birthplace <u>Leesburg, Va.</u> (Town, county, and state)			
10. Usual occupation <u>Housewife</u>			
11. Industry or business _____			
FATHER	12. Name <u>George S. Grimes</u>		
	13. Birthplace <u>Leesburg, Va.</u>		
MOTHER	14. Maiden name <u>Do not know</u>		
	15. Birthplace _____		
16. Informant <u>Mrs Richard C. Thompson</u> Address <u>Knoxville, Md.</u>			
17. <u>Burial</u> Date thereof <u>Jan 13, 1947</u> (Burial, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory <u>Glade Cemetery</u> Location <u>Walkersville, Md.</u>			
18. Funeral director <u>J. C. Barton</u> Address <u>Walkersville, Md.</u>			
19. <u>13 Jan</u> 19 <u>47</u> <u>Elizabeth G. Hack</u> (Date rec'd by registrar) Registrar			
<b>MEDICAL CERTIFICATION</b>			
20. DATE OF DEATH <u>Jan. 10,</u> 19 <u>47</u> at <u>6:23 P.</u>			
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>Jan 1943</u> to <u>Jan 10</u> 19 <u>47</u> and that I last saw him alive on <u>Jan 10</u> 19 <u>47</u>			
Immediate cause of death <u>Apoplexy</u>			DURATION
Due to _____			_____
Due to _____			_____
Other conditions _____			_____
(Include pregnancy within 8 months of death)			
Major findings of operations _____			Date of op. _____
Autopsy results _____			
PHYSICIAN: Please underline the cause to which death should be charged statistically.			
22. VIOLENCE: If death was due to external causes, fill in the following:			
Accident, suicide, or homicide _____			Date of _____
Where did injury occur? _____ (City or town) (County) (State)			_____
Injured at home, farm, industry, public place (where?) _____			_____
Means of injury _____			injured at work? _____
23. SIGNATURE <u>C. E. Osterday</u> <u>Walkersville, Md</u>			N. D. or other _____ Date signed <u>Jan 13, 47</u>

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

 00575 1390  
 Reg. Dist. No.

## 1. PLACE OF DEATH:

County Frederick  
 City or town State Sanatorium, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Since 12/6/44  
 Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
 How long in hospital or institution? Since 12/6/44

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Prince George  
 City or town Forrestville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 8110 Marlboro Pike, S.E.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Mary Tippet

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband xxx William Mason Tippet  
 6.(c) If alive, give age 71(?) years  
 7. Birth date of deceased (mo., day, yr.) Oct. 9, 1886  
 8. AGE: Years 60 Months 3 Days 12 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Upper Marlboro, Md.  
 (Town, county, and state)  
 10. Usual occupation Housewife  
 11. Industry or business  
 12. Name M. L. Boswell  
 13. Birthplace Prince George County, Md.  
 14. Maiden name Julia Watson  
 15. Birthplace Prince George County, Md.  
 16. Informant Daughter

Address Burial  
 17. (Burial, cremation, or removal, which?) Date thereof Jan. 24, 1947  
 (month) (day) (year)  
 Cemetery or crematory Mt Calvary Church Cem.  
 Location Forrestville, Md.  
 18. Funeral director W. W. Chambers Co.  
 Address 517 - 11th St. S.E. Wash., D.C.  
 19. Jan. 21 1947  
 (Date rec'd by registrar) Registrar J. D. [Signature]

## MEDICAL CERTIFICATION

2D. DATE OF DEATH January 21 1947 at 2:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 6 1944 to Jan. 21 1947  
 and that I last saw him alive on January 21 1947

Immediate cause of death Pulmonary Tuberculosis  
 DURATION 8 Yrs.  
1 Mo.

Due to

Due to

Other conditions Diabetes Mellitus 8 Yrs.

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury Injured at work?

23. SIGNATURE R. G. Ballin M. [Signature]Address State Sanatorium, Md. Date signed 1/21/47

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JAN 22 1947

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

00576

1316

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?  
 Hospital, institution, or street address where death occurred:  
Emergency Hospital  
 How long in hospital or institution 15 days

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Thurmont  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. R.F.D. # 2  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Sadie Ellen Some

## 3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single; married; widowed; or divorced

Female white Married

6. (b) Name of husband or wife Samuel Wm Some

7. Birth date of deceased (mo., day, yr.) October 22, 1880  
 6. (c) If alive, give age 46 years

8. AGE: Years 66 Months 2 Days 15 If less than one day  
 hrs. min.

9. Birthplace Middletown, Frederick Co., Md.  
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Home12. Name Thomas Keen13. Birthplace Frederick Co.14. Maiden name Josephine15. Birthplace Frederick Co.16. Informant Mrs. Esther AugustineAddress Thurmont, Md.17. Burial (Burial, cremation, or removal) Which? Burial Date thereof Jan 10, 1947  
(month) (day) (year)Cemetery or crematory Presbyterian Cem.Location Frederick, Md.18. Funeral director M. P. CreagerAddress Thurmont, Md.19. 9 Jan 1947 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 7 1947 at 4:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Dec. 24 1946 to Jan. 7 1947  
 and that I last saw him alive on Jan. 7, 1947

Immediate cause of death Chronic nephritis  
Uremia

DURATION  
5 yrs.  
5 days

Due to

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Bernard Thomas Jr. M.D.Address Frederick, Md. Date signed Jan. 7, 1947

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JAN 11 1947

STREETS

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 1411

## 1. PLACE OF DEATH

County Fredrick  
 City or town St. Marks Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 25 yrs  
 Hospital, institution, or street address where death occurred  
Rural Knoxville Md. R.O.  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Fredrick  
 City or town St. Marks Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Knoxville P.O.  
 (If rural, give LOCATION)  
 2.(a) if veteran, name war

## 3. (a) FULL NAME

Charles Thomas Trail

## 3. (b) Social Security Number

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced widowed  
 6.(b) Name of husband or wife Martha C. Trout 6.(c) If alive, give age. — years  
 7. Birth date of deceased (mo., day, yr.) Oct 18, 1862  
 8. AGE: Year 84 Month 2 Days 16 If less than one day  
 hrs. min.

9. Birthplace Maryland  
 (Town, county, and state)  
 10. Usual occupation Farmer retired  
 11. Industry or business Farm  
 MOTHER FATHER  
 12. Name Edwin Trail  
 13. Birthplace Maryland  
 14. Maiden name Annie Coalhoss  
 15. Birthplace Maryland

16. Informant Clarence Trail  
 Address Knoxville Md  
 17. Burial Date thereof Jan 13, 1947  
 (Burial, cremation, or removal) Which? (month) (day) (year)  
 Cemetery or crematory Lutheran  
 Location Jefferson Md.  
 18. Funeral director C. H. Fute & Bro  
 Address Brunswick Md.  
 19. Jan 13 19 47 Nathaniel S. Brown  
 (Date rec'd by registrar) (month) (day) (year) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 11 19 47 at 1:30 P  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 4 19 47 to Jan 11 19 47  
 and that I last saw him alive on Jan 10 19 47

Immediate cause of death Cerebral Aneurysm  
 DURATION 7 days

Due to Arteriosclerosis & Hypertension 10 yrs

Due to  
 Other conditions Smoking  
 (Include pregnancy within 8 months of death)

Major findings of operations  
 Date of op.

Autopsy results  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE A. L. Brown M. D. or other  
 Address Jefferson Md. Date signed 1/11/47

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2 — 1410 — 1-10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PRC

Evidence for addition of  
legal residence shown on  
July 8, 109-3/21/47

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00578

Reg. Dist. No. 81.0

## 1. PLACE OF DEATH:

County FrederickCity or town Union Bridge  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarrollCity or town Near Union Bridge  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

NORA ELLEN TUCKER

## 3. (b) Social Security Number

4. Sex FEMALE 5. Color or race COLORED 6. (a) Single, married, widowed, or divorced MARRIED6. (b) Name of husband or wife GEO. DENTON TUCKERAPRIL 7, 18736. (c) If alive, give age 74 years7. Birth date of deceased (mo., day, yr.) October 16, 18758. AGE: Years 71 Months 3 Days 8 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Carroll County  
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name John Thomas Harp13. Birthplace Carroll Co.14. Maiden name Martha Thompson15. Birthplace Carroll Co.16. Informant Charles A. HarpAddress 701-5 17th Philadelphia, Pa.17. Burial Date thereof Jan. 29, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mt. OlivetLocation Nr. New Windsor, Md.18. Funeral director Raymond K. WrightAddress Union Bridge, Maryland19. Jan. 27, 1947 Leulie Repp  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 25, 1947, at 6 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 18, 1947, to Jan. 25, 1947and that I last saw her alive on Jan. 24, 1947

Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_

Carcinoma stomach

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE J. H. Legg M. D. or otherAddress Union Bridge Date signed 1-26-47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

00579

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred  
Frederick City Hospital

How long in hospital or institution?

3 da all but

## 3. (a) FULL NAME

Mr. Ernest Wetzel

## 3. (b) Social Security Number

212-07-0806

## 4. Sex

male

## 5. Color or race

white

## 6. (a) Single, married, widowed, or divorced

married

## 6. (b) Name of husband or wife

Rora Hartdagen Wetzel

## 7. Birth date of deceased (mo., day, yr.)

January 2-1892

## 6. (c) If alive, give age

51 years

## 8. AGE:

55 Years

0 Months

Days

If less than one day

17 hrs.

min.

## 9. Birthplace

Frederick Co. Md

(Town, county, and state)

## 10. Usual occupation

Carpenter

## 11. Industry or business

MOTHER FATHER

## 12. Name

A. Columbus Wetzel

## 13. Birthplace

Frederick Co. Md

## 14. Maiden name

Susan Little

## 15. Birthplace

St Anthony Fredk Co Md

## 16. Informant

Mrs Rora Wetzel

## Address

Thurmont P.O. Md

## 17. Burial

(Burial, cremation, or other)

## Date thereof

Jan 22-47

## Cemetery or crematorium

St Marys Cern

## Location

St Anthony Fredk Co Md

## 18. Funeral director

M. K. Cresser Day

## Address

Thurmont Md

## 19. Date rec'd by registrar

20 Jan 1947

Elizabeth G. Heck

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Frederick

City or town

St Anthony

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

no

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

January 19, 1947 at 5<sup>10</sup> A.M.

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 15 1947 to Jan 19 1947

and that I last saw him alive on Jan 18 1947

## Immediate cause of death

Acute Coronary Thrombosis

Due to

Due to

Other conditions

Branches - Pneumonia

(Include pregnancy within 3 months of death)

## Major findings of operations

none

## Autopsy results

none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury

Injured at work?

## 23. SIGNATURE

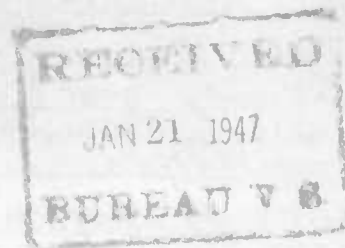
A. Austin Peare, M.D.

M. D. or other

Address

Frederick, Md

Date signed 1/19/47



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

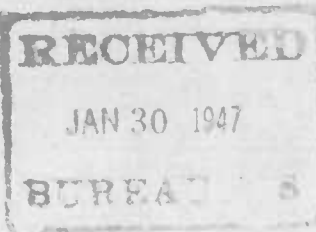
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131

# CERTIFICATE OF DEATH

Reg. Diat. No. 1510

1. PLACE OF DEATH: County..... Frederick City or town..... Frederick (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Life Hospital, institution, or street address where death occurred: 107 West Fifth Street How long in hospital or institution?.....		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... Maryland County..... Frederick City or town..... Frederick (If outside city or town limits, write RURAL and give nearest town) Street No..... 107 West Fifth Street (If rural, give LOCATION) None 2.(a) If veteran, name war.....	
3. (a) FULL NAME CHARLES DAVID WILLS		3. (b) Social Security Number None	
4. Sex M		5. Color or race W	
6. (a) Single, married, widowed, or divorced W		6. (c) If alive, give age..... years	
6. (b) Name of husband or wife..... Catherine Esterly		7. Birth date of deceased (mo., day, yr.) December 7, 1863	
8. AGE: Years 83 Months 1 Days 21 If less than one day..... hrs. .... min.		MEDICAL CERTIFICATION 20. DATE OF DEATH..... January 28, 1947 at 2:30 A.M. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 10, 1945 to Jan 27, 1947 and that I last saw him alive on Jan 27, 1947 Immediate cause of death..... Cerebral Hemorrhage Due to..... Intoxication Other conditions..... (Include pregnancy within 3 months of death) Major findings of operations..... Date of op..... Autopsy results..... PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Date of..... Where did injury occur?..... (City or town) (County) (State) Injured at home, farm, industry, public place (where?)..... Means of injury..... Injured at work? 23. SIGNATURE..... M. D. Address..... Frederick, Maryland Date signed 1-29-47	
9. Birthplace..... Frederick-Frederick-Maryland (Town, county, and state) 10. Usual occupation..... Retired Merchant 11. Industry or business.....		12. Name..... William Wills 13. Birthplace..... Frederick County Maryland 14. Maiden name..... Mary Lambright 15. Birthplace..... Frederick County Maryland	
16. Informant..... John W. Wills Address..... 107 W. 5th St., Frederick, Md.		17. Burial (Burial, cremation, or removal)..... Date thereof..... 1/30/47 (month) (day) (year) Cemetery or crematory..... Mount Olivet Cemetery Frederick, Maryland Funeral director..... M. R. Etchison and Son Frederick, Maryland	
18. Funeral director..... Address.....		19. 29 Jan 1947 Elizabeth G Heck Registrar	



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 13.30

## 1. PLACE OF DEATH:

County Frederick  
 City or town Russell, Smithsburg Md. #1  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 50 yrs  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Frederick  
 City or town Russell, Smithsburg Md. #1  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Smithsburg #1  
 (If rural, give LOCATION)

2(a) If veteran, name war

## 3. (a) FULL NAME

Charles Calvin Wolfe

## 3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

M.W.S.

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Feb 12, 1860 8. (c) If alive, give age years8. AGE: Years 86 Months 11 Days 8 If less than one day hrs. min.9. Birthplace Frederick Co.,  
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name William Wolf  
 13. Birthplace Frederick Co.,  
 14. Maiden name Nancy Mangans  
 15. Birthplace Frederick Co.,

16. Informant Harry Wolf  
 Address Smithsburg Md. #2

17. Burial Date thereof Jan. 23, 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematorium Luther Cemetery  
 Location Smithsburg Md. #1

18. Funeral director Walter J. Grove  
 Address 27 S. Church St., Waynesboro Pa.

19. Jan 22 19 47 W. A. Wolfe  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 20 19 47 at 9 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 4 19 46 to Jan 20 19 47  
 and that I last saw him alive on Jan 20 19 47

Immediate cause of death

Carcinoma of

of rectum  
 Due to Carcinoma of  
 of rectum

Due to

Other conditions Enter 3d series  
X 4th and 5th series  
 (Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE W. A. Wolfe M. B. or other

Address Smithsburg Date signed 1/21/47

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JAN 27 1947  
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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13/a

00582

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

### 1. PLACE OF DEATH:

County Frederick  
City or town Dickerson-Rural R. F. D. #1  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 6 Months  
Hospital, institution, or street address where death occurred:  
Forrest Grove  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Frederick  
City or town Dickerson-Rural R. F. D. #1  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Forrest Grove  
(If rural, give LOCATION)  
2.(a) If veteran, name war None

### 3. (a) FULL NAME

NORA AMANDA WORKS

### 3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced— <u>W</u>
--------------------	------------------------------	---

6. (b) Name of husband or wife James William Works  
6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) December 14, 1878

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>0</u>	<u>17</u>	.....hrs. ....min.

9. Birthplace Montgomery County Maryland  
(Town, county, and state)

10. Usual occupation At Home

### 11. Industry or business

12. Name Richard Stalling

13. Birthplace Montgomery County Maryland

14. Maiden name Ella Reed

15. Birthplace Montgomery County Maryland

16. Informant Miss Nellie Stunkle

Address R. F. D. #1, Dickerson, Md.

17. Burial Date thereof 2/3/47  
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 3 February 1947 Elizabeth H. Heck  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH January 31, 1947 at 10 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 14th, 1943 to January 31, 1947 and that I last saw him alive on January 21st, 1947.

Immediate cause of death Coronary thrombosis DURATION immediate

Due to .....

Due to .....

Other conditions Cardiovascular renal disease 4 yrs.  
(Include pregnancy within 8 months of death)

Major findings of operations.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. H. Conley M. D.

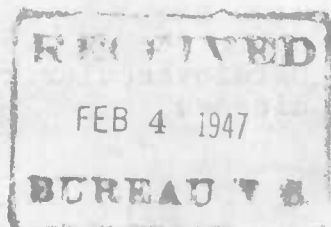
Address Frederick, Maryland Date signed 2-1-47

MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





1-35